

# PUBLIC HEALTH AND SAFETY STANDING COMMITTEE

# MAYOR'S OFFICE COORDINATORS REPORT

OVE	RALL STATU	S (pleas	se circle).	APPRO	RDINATORS REPORT
Petitio	n #. 806	(1)	- on ore). [V	APPROV	/ED DENIED N/A CANCEL
- Guid	on #: 806		Event Name:	тоскеую	own 5K
	Date: Septe				
	Closure: Cass				
	ization Name: R				
Street	Address: 269	Walke	er Street Su	uite 238	Detroit, MI 48207
Receip	t date of the COI	MOLETE	D 0		
				ts Applicati Immunication	on:
Due da	te for City Depar te for the Coordi	tments r	eports:	orle:	
	Elements (check			TK.	
	cathon				
			al/Circus	Con	cert/Performance
	Race	Religio	us Ceremony	Politi	ical Ceremony Festival
Filmi	ng	Parade		Spor	
Firew	orks	Conven	tion/Conference		r:
24-H	our Liquor Lice				
Λ		Pe	etition Commun	nications (i	include date/time)
Annuai 5 8:00am -	K Race from Li 10:30am: with				
	The same with	tempor	ary street closu	res on Ca	celebrate the Detroit Red Wings fans from ss, W. Warren & Forest Street.
	** 411				
Date	Department	N/A	APPROVED	DENIED	be fulfilled for an approval status **
			- NOVED	DEMIED	Additional Comments
	DPD		$\checkmark$	П	DPD Assisted Event
	DFD/		1		Contracted with DMC Medical to Provide
	EMS				Private EMS Services
	DPW				DPD Assisted Event; No Permits Required
	J. VV		$\checkmark$		Event, No Permits Required
	Health Dept.				No Jurisdiction

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		<b>V</b>		Type III Barricades Required
	Recreation	<b>V</b>			No Jurisdiction
	Bldg & Safety		<b>V</b>		No Permits Required
	Bus. License		<b>✓</b>		No Permits Required
	Mayor's Office		<b>V</b>		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of even
	Municipal Parking		<b>✓</b>		No Permits Required
	DDOT		<b>V</b>		Low Impact on Buses

Signature: B. Lucher	
Data 10-19-10	

Date: <u>6-28-19</u>

Caven West Deputy City Clerk/Chief of Staff

# DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, April 09, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION FIRE DEPARTMENT BUILDINGS SAFETY ENGINEERING BUSINESS LICENSE CENTER POLICE DEPARTMENT TRANSPORTATION DEPARTMENT

RunningFlat USA, Inc, request to hold "HOCKEYTOWN 5K" at Little Caesars Arena on September 8, 2019 from 8am to 10:30 am with temporary street closures on Cass, W. Warren, 3rd, and Forest.

# City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

	Section 1- GENERAL I	EVENT INFORMA	TION
Event Name: HOCKEYTOWN 5K			
Event Location: Little Caesars Arena			
Is this going to be an annual event?	⊠ Yes □ No		
Section	n 2- ORGANIZATION/	APPLICANT INFO	ORMATION
Organization Name: RunningFlat US			
Organization Mailing Address: 269 V			
Business Phone: 519-980-5440		Business Website: www	runningflat.com
Applicant Name: Chris Uszynski		/m.ma. 1	
Business Phone: 519-980-5440	Cell Phone:	519-980-5440	Email: chris@runningflat.com
Event On-Site Contact Person:			The state of the s
Name: Chris Uszynski			
Business Phone: 519-980-5440	Cell Phone:	519-980-5440	Email: chris@runningflat.com
Event Elements (check all that apply	)		
[ ] Walkathon	[ ] Camival/Circus	[ ] Concer	rt/Performance
X] Run/Marathon	[ ] Bike Race	[ ] Religio	ous Ceremony
[ ] Political Event	[ ] Festival	[ ] Filming	3
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/D	Pemonstration
[ ] Convention/Conference	[ ] Fireworks	[ ] Other:	
Please provide a brief description	of your event:		
nnual 5K Race from the LCA bac	ck to the LCA to celebrate the	e Detroit Red Wings wil	th fans from all over North America

Begin Sct-up Date: Sunday September 8th Time: 7:30am	Complete Set-u	p Date: Sunday Septemb	er 8th Time: 8:00am
Event Start Date: Sunday September 8th Time: 8:00am	Event End Date	; Sunday September 8	oth Time: 10:30am
Begin Tearing Down Date: Sunday September 8th 10:15am	Complete Tear	Down Date: Sunday Sep	etember 8th 10:30am
Event Times (If more than one day, give times for each day):			
Section 3- LOCAT	HON/SITE INF	ORMATION	
Location of Event: Little Caesars Arena			
Facilities to be used (circle): Street Sic	dewalk	Park	City
Please attach a copy of Port-a-John, Sanitation, and Emergency anticipated layout of your event including the following:	Medical Agreements	s well as a site plan whic	ch illustrates the
Public entrance and exit Location of merchandising booths None Used Location of food booths None Used Location of garbage receptacles None Used Location of beverage booths None Used Location of sound stages None Used Location of hand washing sinks Location of portable restrooms	-Location of -Sketch of -Location of -Location of		
	ENTERTAIN		Taraba in
Describe the entertainment for this year's event: Entertainment nusicians and DJs.	on the 3K Course are	acoustic	
ill a sound system be used?   Yes  No			
yes, what type of sound system? Small 800W stand alone spea	ıkers		
escribe specific power needs for entertainment and/or music: P	ower to be used by ba	ttery pack or Honda Gen	erator

What are the projected set-up, event and tear down dates and times (must be completed)?

Norma of word		
Name of vendor providing generators:  Contact Person: Owned by RunningFlat		
Contact Ferson: Owned by RunningFlat		
Address:		Phone:
Cl. (0		
City/State/Zip		
	Cartina F CAL DO DODG	
	Section 5- SALES INFO	PRMATION
Will there be advanced ticket sales?   If yes, please describe:	Yes 🗆 No	
Will there be on-site ticket sales?  If yes, list price(s):	Yes 🗵 No	
Will there be vending or sales?	Yes 🗵 No	
[ ] Food [ ] Merchandise	[ ] Non-Alcoholic Beverages	[ ] Alcoholic Beverages
Indicate type of items to be sold:		
Section 6- P	UBLIC SAFETY & PARK	INC INFORMATION
ame of Private Security Company: Existing		ING INFORMATION
ontact Person: Johnny Jackson at Olympia		
ddress:	Zivio Guodato / Monta	Phone:
ity/State/Zip:		
	er Shift:	
mber of Private Security Personnel Hired P		
umber of Private Security Personnel Hired P e the private security personnel (check all th	at apply);	
	nat apply): [ ] Armed	[ ] Bonded
e the private security personnel (check all the	[ ] Armed	[ ] Bonded  lympia parking maps and app to secure parking.
e the private security personnel (check all the	[ ] Armed	

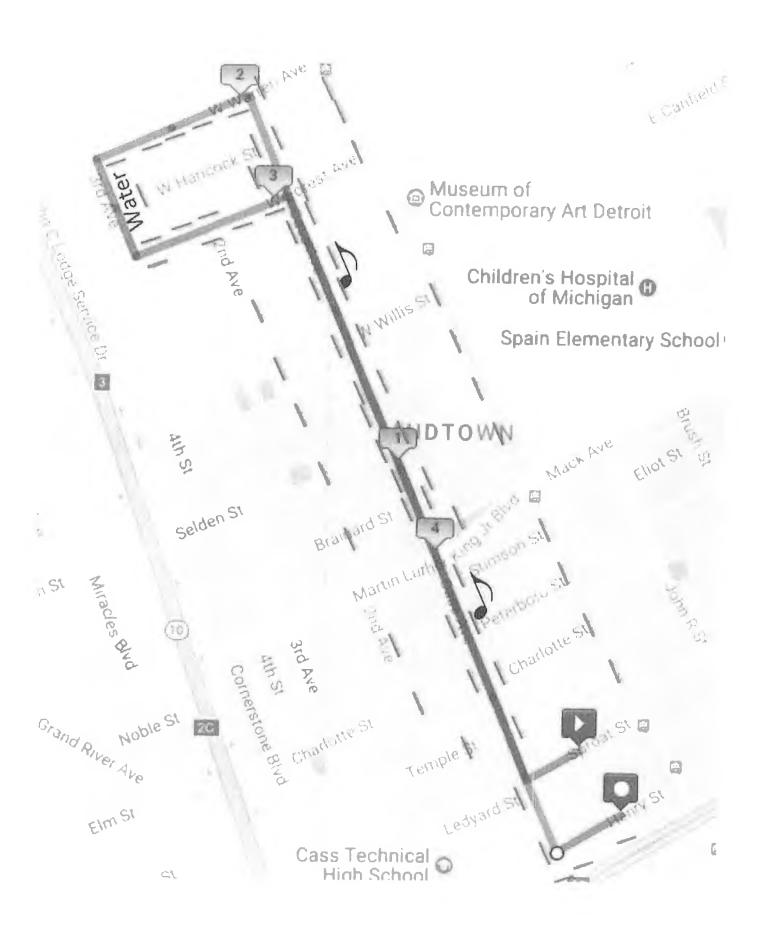
# Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

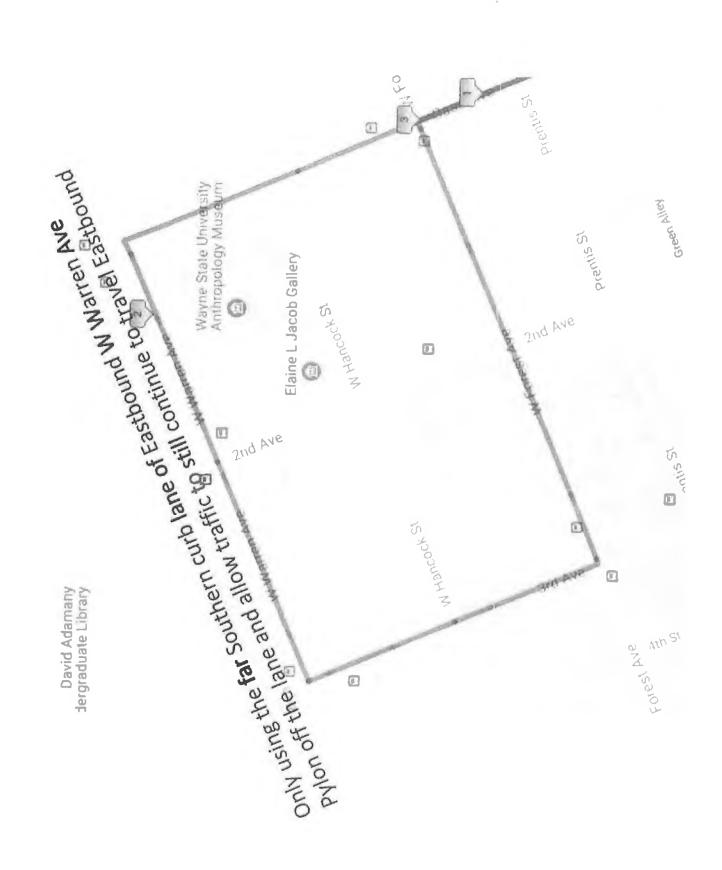
1.45 and on Sunday and will	reopen no later than 10:30am. Pedestriction over throughout the community.	trian traffic, sound carryover, safety)? Cass Avenue will be closed ans can walk between the runners to get to the other side of the street
	oups/businesses approved your event?	⊠ Yes □ No
	or will take to notify them of your ever	
personnel have been working about the detours.	g with local groups in the area. Making	sure all the churches in the area know
		VENT SET-UP
Complete the appropriate catego	ries that apply to the event Structure How Many?	Size/Height Booth
Tents (enclosed on 3 sides)	n/a	
Canopy (open on all sides)	n/a	
Staging/Scaffolding	n/a	
Bleachers	_n/a	
	Section 9- COMPLETE /	ALL THAT ADDIV
mergency medical services? DM	IC Medical – 2 crew at finish and one	
ontact Person: Jennifer Czuchaj		
ddress: 1600 East Grand Boulevi	ard, Suite 200	
ty/State/Zip: Detroit, MI, 48211		
ame of company providing port-	a-johns. Parkway Services Inc	
ontact Person:		
idress: 2876 Tyler Road		Phone:
ty/State/Zip:		1 HORO.
ime of private catering company	₽ N/A	
entact Person:	14 IVA	
dress:		Phone:

### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for	closure.			
STREET NAME: Cass Ave	Annahiran A maring 1875 - 1	omodálusou transcip gardaláir s spáirt tr. U ymas	manya u u u u u u u u u u u u u u u u u u u	
FROM: J-75	TO:	W	Warren Ave	
CLOSURE DATES:Sunday September 8th _	BEG TIME:	7:45am	END TIME:	10:30am
REOPEN DATE:same	TIME:	10:30am	-	
STREET NAME: W Warren Ave (mos	st southern land ca	st bound)		
FROM: Cass Ave	T	'O:3 <sup>rd</sup> Ave	e north bound lane of	nly
CLOSURE DATES: Sunday September 8th	BEG TIME:	7:45am	_ END TIME:	10:30am
REOPEN DATE:same				
STREET NAME: 3 <sup>rd</sup> Ave north bound lan	e only			
FROM: W warren Ave				
CLOSURE DATES: Sunday September 8th				
REOPEN DATE:same	TIME:	10:30am	eer van de stat de sta	
STREET NAME: Forest Ave				
FROM: 3 <sup>rd</sup> Ave	т	O: Cass	Ave	vog vondade,
CLOSURE DATES: Sunday September 8th	BEG TIME:	7:45am	END TIME:	10:30am
REOPEN DATE:same				
STREET NAME:				
FROM:	TO:			
CLOSURE DATES:	_ BEG TIME:	and account of	_ END TIME:	1.5
REOPEN DATE:	TIME:			





# Turn by Turn

Start line is on Sproat at Little Caesars Arena heading East to Cass Avenue

Right on to Cass North bound to W Warren Avenue Left in the far southern curb East bound lane (only closing one lane)

W Warren Avenue to 3<sup>rd</sup> st (Northbound lane most Eastern curb lane closed) to W Forest Avenue -Left onto W Forest Avenue East bound to Cass Avenue Right onto Cass Avenue in the Southbound lanes to Henry St Left onto Henry Street into the finish line in front of Chevy Plaza LCA.

LEA	SE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:
1)	CERTIFICATE OF INSURANCE
2)	EMERGENCY MEDICAL AGREEMENT
3)	SANITATION AGREEMENT
4)	PORT-A-JOHN AGREEMENT
5)	COMMUNITY COMMUNICATION

### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

April 4th 2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Flood of the State Sept 8th/19

Event Organizer: Runing Flood MSA Time

Applicant Signature: Date: April 4th/19



# **MAYOR'S OFFICE COORDINATORS REPORT**

OVERA	LL STATUS (p	lease c	circle): 🕢 AF	PROVED	DENIED N/A CANCELED
Petition #:	814	Ev	ent Name: Jazz	z on the	Grass 2019
Event Dat	e : August 2	4, 20	19		
Street Clo	sure: Stoepe	l & St	earns		
Organizati	ion Name: St. (	Charle	es Lwanga	Usher N	Ministry
	dress: 10400				
Date of Ci Due date to Due date to	ate of the COMPI ty Clerk's Depart for City Departme for the Coordinate ments (check all t	mental I ents rep ors Rep	Reference Comr orts: ort to City Clerk:	nunication:	
Walkat		• • •		7	4/D (
Bike Ra		arnival/(	L	_	t/Performance Run/Marathon
		_	Ceremony [	=	l Ceremony Festival
Filming		arade ,,	[ 		Recreation Rally/Demonstration
Firewor			on/Conference	Other:	
<b>√</b> 24-Hoι	ır Liquor Licens	е			
		Pet	tition Communi	cations (in	clude date/time)
Annual Ou street clos	utdoor Jazz Cor sure on Stoepel	cert fro & Stea	om 6:00pm - 10 rns.	:00pm in t	he adjacent parking lot; with temporary
Data	** ALL_perm	its and I	license requirem	ents must b	pe fulfilled for an approval status **
Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD		<b>✓</b>		Contracted with St. Charles Lwanga to Provide Private Security Services
	DFD/ EMS		<b>✓</b>		No Permits Required
	DPW		<b>V</b>		ROW Permit Required
	Health Dept.		<b>✓</b>		Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		V		Type III Barricades Required
	Recreation	<b>V</b>			No Jurisdiction
	Bldg & Safety		<b>V</b>		No Permits Required
	Bus. License		<b>√</b>		Liquor License Required
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of ever
	Municipal Parking	<b>✓</b>			No Jurisdiction
	DDOT		<b>√</b>		No Impact on Buses

Signature: B. Lucher	
Date: 10 - 28 - 19	

# City of Metroit OFFICE OF THE CITY CLERK

Janice M. Winfrey

City Clerk

Caven West

Deputy City Clerk/Chief of Staff

# DEPARTMENTAL REFERENCE COMMUNICATION

Monday, April 15, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING

814 St. Charles Lwanga Usher Ministry, request to hold "Jazz on the Grass 2019" at 10400 Stopel, at 8-24-19 from 6PM - 10PM, Set-up on 8-23-19 @ 5PM, Tear down 8-24-2019 - 8-25-2019.

#814

# City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

	PORMERLY	or, certain quaren
	Section 1- GENERAL EV	
Event Name: JA22	on the GRHSS"	2019
Event Location: 10400	STUEPEL	48204
- Thomas di	on 2- ORGANIZATION/A	
Organization Name: St. Ch	ARLES LWANGE US	HER MINISTRY
Organization Mailing Address: / (	1400 STOEPEL	48204
Business Phone: 313 93	3-6788	Business Fax:
Federal Tax ID# 53-0/		
		D number and attach a copy of the certificate.
Applicant Name: John	HERMAN	
Title/Role: PRESIDE	アンア	
Email Address: JOHNHEKM	INN @ PEOPLEPE. C	om
Mailing Address: 6 329		COURT VAN BUREN Y811.
Business Phone: 313 - 3	78-8328	Business Fax:: 734 697-3713
Event On-Site Contact Person:		
Mailing Address: 5'p	mé	
Business Phone: 3/2-	3 78-8328	Business Fax:
List name/phone number of pers	con(s) authorized to make decisions	for the organization/event (indicate role/responsibility).
Event Elements (check all that ap	ply)	
[ ] Walkathon	[ ] Carnival/Circus	Concert/Performance
[ ] Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony
[ ] Political Event	[ ] Festival	[ ] Filming
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration
[ ]Convention/Conference	[ ] Fireworks	[ ] Other:

Provide a brief description of your event:
This WILL BE AN UNTDOOK JAZZ (ONCERT, IN THE FENCED IN COUNT
YARD, WITH ABAND ON STAGE FOR 4 hours, (6: 00-10:0pm) W/ WILLS FFER
FFREE GLASS OF WINE, OR POP WATER AND SOME SNACKS WE WILL HAVE
DUR UNNSTRURITY INSIDERESTROOMS. NO VENDORS
What are the projected set-up, event and tear down dates and times (must be completed)?
Begin Set-up Date & Time: 8-23 Complete Set-up Date & Time: 8-24-19 5:00 P.M
Event Start Date & Time: 8-24 6:00 prevent End Date & Time: 8-24-19 10:00 pm.
Begin Tearing Down Date: 8-24-19 Complete Tear Down Date: 8-25-2019
Event Times (If more than one day, give times for each day):
Is this the first time you have held this event in the City of Detroit?   Yes No
If no, what years has the event been held in Detroit?
When was the event last held in Detroit? $8-18-2018$
Where was the event last held in Detroit?  10400 STOEDEL
What were the hours last year?  6:00 - 10:00 pm.
Project Attendance This Year (Minimum - Maximum)? 150 - 225
What is the basis for your projected attendance? PRIOR YEAR TICKET SILLES
Please describe your anticipated/ target audience:
Is this going to be an annual event? Yes No
If yes, do you have a preferred/proposed for next year?  AUGUST 2020
If a parade is planned. Indicate elements (check all that apply): [ ] People [ ] Balloons
[] Floats [] Animals
[ ] Vehicles [ ] Other:
[ ] Bands
If animals included, specify type, number and how used.
Name of business supplying animal(s):
Contact Person:
Address: Phone:
City/State/Zip:

Section 3- LC	CATION/SITE I	NFORMATION	
Location of Event: 10400 STOEPEL	AT STER	PRNS	
Facilities to be used (circle): Street	Sidewalk	Park	( City Facility)
Please attach a site plan which illustrates the anticipated la	yout of your event include	ling the following:	
-Public entrance and exit  -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages -Location of hand washing sinks -Location of portable restrooms	-Locatio -Propose -Locatio -Sketch -Locatio -Locatio	n of First Aid n of fire lane d route for walk/run n of tents and canopies of street closure n of bleachers n of press area of proposed light pole banners	
Section	on 4- ENTERTAL	NMENT	
What type of entertainment will be used? (check all that a	pply)		
Singers [ ] Magician			
Musicians [ ] Story Tell:	ng		
[ ] Comedians [ ] Other: _		The state of the s	
Describe the entertainment for this year's event:	10 /	Us" Band	
Will a sound system be used? Yes No	SPERKERS &	AMPLIFYERS	
If yes, what type of sound system?	JILIAUNS 4	maport iors	
Amplified-augmented, sound increased to broaden range The amplified sound will be used:			
Will the event consist of a musical concert? 🗹 Yes	□ No		
If yes, what type of music? (check all that apply)			
Live [ ] Recorded [	] Karaoke/Lip-synch		
Describe specific power needs for entertainment and/or music:		TÉ OUTLETS	
How many generators will be used?	Nt		
How will the generators be fueled?	N/A		
Name of vendor providing generators:  Contact Person:			

Address: V/J	Phone:
City/State/Zip:	
Section	n 5- COMMUNICATION/ADVERTISING STRATEGY
check all applicable boxes that desc	cribe the type of promotion you plan to use to attract participants:
Radio (Specify stations):	
] Television (Specific stations):	
] Newspapers (specify papers):	
Web site (identify web address)	p:
] Public Relations or Marketing I	Firm (Specify):
Contact Info: [ ] Raffle (List Item(s)):	
] Billboards	
Flyers	
] Street Banners	
] Other (specify):	
NOTE: All raffles subject to laws	s of State/City.
Will there be advanced ticket sales if yes, please describe:  Will there be on-site ticket sales?  If yes, list price(s):	Yes ONO ADVANCE SALES By the Ushers  Yes ONO \$ 15,00 per person
Will food be sold? If yes, please pick up Special Even	Yes No ts Vendor Packet in Suite 105:
Will merchandise be sold? If yes, describe:	□ Yes □ No
Will a percentage of the proceeds t	be distributed to a charitable organization?   Yes No
If yes, describe:	
If the event is a fundraiser, identify	y charity or recipient of funds: ST. CHARUS LWANGA Chuich
Will there be vending or sales? If yes, check all that apply:	□ Yes □ No
[ ] Food	[ ] Merchandise
[ ] Non-Alcoholic Beverages	[ ] Alcoholic Beverages
[ ] Other (angelfit)	
Indicate type of items to be sold:	N/A

Will these be exclusive vendors or outside vendors? (please describe):	
Name of Private Security Company: Existing park contract security with the Contact Person:  Address: 6349 GALLIVIOO CT VINBULEN Phone: 313  City/State/Zip: 1 AN BURTN M ( 48/11	378-8328
Number of Private Security Personnel Hired Per Shift: // #2045 # (wirld	10 philiper
Are the private security personnel (check all that apply):  [ ] Licensed [ ] Armed	[ ] Bonded
Describe the emergency evacuation plan: £YIT VIM GHTES (2)	- unminute and an analysis an analysis and an analysis and an analysis and an analysis and an
Describe the parking plan to accommodate anticipated attendance: Church parking  How will you advise attendees of parking options?  Are you seeking a group parking rate?  ON Phurch Property	HND. GÉCABILED)
Section 8- COMMUNITY IMPACT INFORMATIO	N
How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?	
Have local neighborhood groups/businesses approved your event?	No
Indicate what steps you have or will take to notify them of your event:	10
WENT TO THE 4 homes that ARE OCCUPI	ED.
Indicate contact names and phone numbers (for verification) or attach approved letter(s):	
SITE IS SURROUNDED BY: School, Grunch, Gryn, 16	eckets)
BUSINESSES. Section 9- EVENT SET-UP	
Complete the appropriate categories that apply to the event.  Structure	
How Many?	
Size/Height ——————	
Booth	
Tent (enclosed on 3 sides)	

Canopy (open on all sides)  Staging/Scaffolding  Bleachers	HND STHEET NIT	
Company: M/A		
Grill [ ] Gas [ ] Charcoal	[ ] Electrical	[ ] Propane
Fireworks (Pyrotechnics)  [ ] Acrial [ ] Stage   A		
Portable Restrooms: ON 5/71	E IN HOUSE ible	
Vehicles		
Type/Weight:	***************************************	
Other:		No.
NOTE: Specific requirements must be	met and special approval must	pe received by the Detroit Fire Department.
Will additional electrical wiring need	to be installed? Specify location	is, voltage, amperage, and phase.
NO		
Will additional utility services be used	l (power, water, etc.)? Please de	escribe. $\mathcal{N}$
Do you plan a fireworks display? Lis	t dates, time, location, vendor, a	nd attach certificate of insurance.

me of Sanitation Company collecting refuse and garbage?  ntact Person: // HOUSE Dum	
dress:	Phone:
ny/State/Zip nme of company providing emergency medical services? <i>E</i> N	15
ontact Person:	
ldress:	
ty/State/Zip:	
ame of company providing porta-johns.	
ontact Person:	Phone:
ddress:	
ity/State/Zip:	
ame of private catering company?	
Contact Person:	Phone:
Address:	
City/State/Zip:	
SPECIAL USE REQUESTS	
List any streets or possible streets you are requesting to be closed. Inc Neighborhood Signatures must be submitted with application for appr	clude the day, date, and time of requested closing and reopening. royal.
	STOEPEL
Attach a map or sketch of the proposed area for closure.  STREET NAME: STORPEL + STEARN(	++
100 116 10 1116	
TO PARKING LOT GHIES	
Closure Dates: $\frac{8-24-4011}{5100}$	
Beg. Time: End Time: Peopen Date:  2-24-2019	
Reopen Date: 8-14-2019 Time: 10:08 pm	

ROM								
_								- 1
Closure Dates: —  leg, Time: —				1				1
and Time:								
1								
Time:				<u></u>				
STREET NAME: _		-						
ROM _				1				
Closure Dates:			_					
			<del></del>	1				
End Time:  Reopen Date:								
Time:								- multi-
STREET NAME:	man and a second			_				········i
FROM _								
TO								
Oleman Detect			were the					
Closure Dates: Beg. Time:								
End Time:			- trium					
Reopen Date:								
Time								
Time:								
	th	DRECIN	cr					
Requested City Eq	uipment 10 th 1	PRECIN	cr	0			****	
	uipment 10 th	P N EC / No (year)						
Provided In: Provi	SILITE	(year)	2019					
Provided In: Provi	1146/16	(year)	2019					
Provided In: Provi	SNINE	(year) + 5701	2019					
Provided In: Provi	SNINE TEARNS ing signs	(year) + 570 t	2019 EPEL					
Requested City Equation Provided In: Post Accordance Courses:  Street Closures: Street Clos	SNINE TEARNS ing signs	(year) + 570 t	2019 EPEL					
Requested City Equation Provided In: Provide	SNINE  TEARNS  ing signs  ces  t available from the 6	(year) + 570 t	2019 EPEL					
Requested City Equation Provided In: Provide	SNINE  TEARNS  ing signs  ces  t available from the 6	(year)  + STOt  [ City of Detroit.	2019  PEL  ] Light pole  ] Storage for T	Frailers/Tr	unks	or additional	requests?	
Requested City Equation Provided In: Post Additional Inc.  Requested City Equation Inc.  Current Request:  Street Closures: S	SNINE  TEARNS  ing signs  ces  t available from the 6	(year)  + STOt  [ City of Detroit.	2019  PEL  ] Light pole  ] Storage for T	Frailers/Tr	unks	or additional	requests?	
Requested City Equation Provided In: Post Additional Inc.  Requested City Equation Inc.  Current Request:  Street Closures: S	SNINE  TEARNS  ing signs  ces  t available from the 6	(year)  + STOt  [ City of Detroit.	2019  PEL  ] Light pole  ] Storage for T	Frailers/Tr	unks	or additional	requests?	
Requested City Equation Provided In: Post Additional Inc.  Requested City Equation Inc.  Current Request:  Street Closures: S	SNINE  TEARNS  ing signs  ces  available from the off	(year)  + STOt  [ City of Detroit.	2019  PEL  ] Light pole  ] Storage for T	Frailers/Tr	unks	or additional	requests?	

# Michigan Sales and Use Tax Certificate of Exemption

TO BE RETAINED IN THE SELLER'S RECORDS - DO NOT SEND TO TREASURY.

This certificate is invalid unless all four sections are completed by the purchaser.

,		(Note: A blanket certifure unless an earlier execution of the control of the certiful of the c	piration date is list	ed below)
e purchaser hereby claims exemption on the	e purchase of tangible	personal property and	selected services	made under
			191	28
certificate from 57, Charles	(Vendor's	Name)	n 1	and certifier
t this claim is based upon the purchaser's			status of the purch	пазег.
CTION 2; ITEMS COVERED BY THIS CEI	RTIFICATE		. :	, 1
All items purchased Limited to the following items:		- · · · · · · · · · · · · · · · · · · ·		
CTION 3: BASIS FOR EXEMPTION CLA	IM			
For Resale at Wholesale - No Numbe For Lease - Use Tax Registration Num Agricultural Production - No Number R Industrial Processing - No Number Re Government Entity, Nonprofit School Nonprofit Internal Revenue Code Sec	ber: equired (Describe) equired , Nonprofit Hospital, a tion 501(c)(3) and 501	(c)(4) Exempt Organiza	ations (Attach copy	ofIRS
CTION 4: CERTIFICATION		**		And the second s
declare; under penalty of perjury, that the information of law applicable to my exemption, and that I	have exercised reasonable	s, that I have consulted the care in essuring that my cl ent of tax, penalty and any	alm of exemption is ver	id under Michigai

LIVER NOIS Church BuilDING CLOSURES JUNIOTA FINING RESTROOMS merets 19 days POPLEMARK WIM. NOT TO SCALE 70% 1922 ON THE WRASS rivery IN 34845

# AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Signature of Applicant

Date

03-21-20

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.



# 20/8-19 CERTIFICATE OF PROPERTY INSURANCE

6/13/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER FAX [A/C, No]: 616-233-0923 Arthur J. Gallagher Risk Management Services, Inc. 300 Ottawa NW, Suite 301 PHONE (AC, No, Ext): 616-233-0910 E-MAIL ADDRESS Grand Rapids MI 49503 PRODUCER CUSTOMER ID. NAIC # INSURER(S) AFFORDING COVERAGE 25658 INSURER A: Travelers Indemnity Company INSURED 10786 INSURER B: Princeton Excess & Surplus Lines Ins Co St. Charles Lwanga, Detroit, #1315 510 S. Capitol Ave INSURER C: Lansing, MI 48933 INSURER D : INSURER E : INSURER F

COVERAGES CERTIFICATE NUMBER: 1869980148 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	TYPE OF INSURANCE	POLICY NUMBER	DATE (MMUDD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
_	X PROPERTY	N2-A3-EX-0000006-05	7/1/2018	7/1/2019		
	CAUSES OF LOSS DEDUCTIBLES	4		,	PERSONAL PROPERTY	\$
,	BASIC BUILDING				BUSINESS INCOME	<b>S</b>
	BASIC				EXTRA EXPENSE	\$
1	BROAD CONTENTS				RENTAL VALUE	\$
	SPECIAL				BLANKET BUILDING	\$
	EARTHQUAKE				BLANKET PERS PROP	3
	MND	*			X BLANKET BLOG & PP	5 10 000 000
,	LOOD					5
	X All Risk					5
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					. \$
	NAMED PERILS	POLICY NUMBER				5
	17,101. 12. 10. 11.					3
_	CRIME					S
	TYPE OF POLICY					5
_						S
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					5
٨	Property	KTK-XSP-3696X56-3-18	7/1/2018	7/1/2019	X Bink Bidg & PP	\$ 250 000 000
"						3

SPECIAL CONDITIONS / OTHER COVERAGES JACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All risk of direct physical damage to real & personal property of the insured & property of others for which the insured could be liable. Certificate holder named additional insured and loss payee.

"Excess of SIR \$1,000,000"
REGARDING LEASED KYOCFRA COPIER. AGREEMENT NUMBER 013-0717907-000

OF CATEGORY C USU DEP	CANCELLATION
CERTIFICATE HOLDER	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
GREAT AMERICA FINANCIAL SERVICES PO BOX 660831 DALLAS TX 75266 USA	AUTHORIZED REPRESENTATIVE



# CERTIFICATE OF PROPERTY INSURANCE

6/13/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER Arthur J. Gallagher Risk Management Services, Inc 300 Ottawa NVV, Suite 301 Grand Rapids MI 49503	CONTACT NAME PHONE (AJC, No, Ext): 616-233-0910 E MAIL ADDRESS	FAX (A/C, No): 616-2	33-0923
Grand Rapids Wil 49503	PRODUCER CUSTOMER ID:		h
INSURED	INSURER A Travelers Indemnity Cor		25658
St. Charles Lwanga, Detroit, #1315 510 S. Capitol Ave	INSURER B : Princeton Excess & Sur	olus Lines Ins Co	10786
Lansing, MI 48933	INSUREH C:		
	INSURER D:		Ŧ
	INSURER E		
	INSURER F :		
COVERAGES CERTIFICATE NUMBER: 792	7056090 RE	VISION NUMBER:	

COVERAGES CERTIFICATE NUMBER: 792056090 RE
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

BURANCE	POLICY NUMBER		POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
- multi-di-	N7-A3-EX-0000006-05	7/1/2018	7/1/2019	BUILDING	5
DEDUCTIONES				PERSONAL PROPERTY	\$
RUILDING				BUSINESS INCOME	S
				EXTRA EXPENSE	\$
CONTENTS				RENTAL VALUE	5
				BLANKET BUILDING	3
				BLANKET PERS PROP	\$
				X BLANKET BLDG & PP	\$ 10 000 000
					S
					2
	TALL OF BOLICA				\$
					5
	POLICY NUMBER				5
					\$
					5
					\$
					3
INERY /					\$
	KTK-XSP-3696X56 3-18	7/1/2018	7/1/2019	X Blok Bldg & PP	\$ 250 000 000
	DEDUCTIBLES AUILDING CONTENTS	NY-A3-EX-000006-05  RUILDING  TYPE OF POLICY  POLICY NUMBER  INNERY FEAKDOWN	NY-N3-EX-000006-05  NY-N3-EX-000006-05  NY-N3-EX-000006-05  NY-N3-EX-000006-05  NY-N3-EX-0000006-05  NY-N3-EX-00000006-05  NY-N3-EX-0000006-05  NY-N3-EX-00000006-05  NY-N3-EX-00000006-05  NY-N3-EX-00000006-05  NY-N3-EX-00000006-05  NY-N3-EX-00000000000000000000000000000000000	NY-A3-EX-U000006-05  NY-A3-EX-U000006-05  NY-A3-EX-U000006-05  POLICY NUMBER  INNERY ( EAKDOWN	NZ-A3-EX-U000006-05 77/Z018 77/Z019 BUILDING DEDUCTIBLES BUILDING CONTENTS CONTENTS  TYPE OF POLICY  POLICY NUMBER  NZ-A3-EX-U000006-05 77/Z018 77/Z019 BUILDING BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE RIANKET BUILDING BI ANKET PERS PROP X BLANKET BLDG & PP

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All risk of direct physical damage to real & personal property of the insured & property of others for which the insured could be liable. Certificate holder named additional insured and loss payee.

"Excess of SIR \$1,000,000"
FOR LEASED EQUIPMENT: TOSHIBA E-STUDIO5560C T
AGREEMENT NUMBER 016-1014245-000

CERTIFICATE HOLDER	CANCELLATION		
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS		
Millennium Business Systems PO Box 660831 Dallas TX 75266-0831 USA	AUTHORIZED REPRESENTATIVE		

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		•	

**MAYOR'S OFFICE COORDINATORS REPORT** OVERALL STATUS (please circle): 🗸 <u>APPROVED</u> DENIED CANCELED Petition #: 815 Event Name: St. Aloysius 22nd Annual Block Party Event Date: July 28, 2019 Street Closure: Washington Boulevard Organization Name: St. Aloysius Church Street Address: 1234 Washington Boulevard Detroit, MI 48226 Receipt date of the COMPLETED Special Events Application: Date of City Clerk's Departmental Reference Communication: Due date for City Departments reports: Due date for the Coordinators Report to City Clerk: Event Elements (check all that apply): Walkathon Carnival/Circus Concert/Performance Run/Marathon Bike Race Religious Ceremony Political Ceremony Festival Filmina Parade Sports/Recreation Rally/Demonstration Convention/Conference Other: Free Block Party Fireworks 24-Hour Liquor License Petition Communications (include date/time) St. Aloysius Church will host their 22nd Annual Block Party from 11:30am - 3:00pm free to attendees; with temporary street closure on Washington Boulevard between Grand River & State Street. \*\* ALL permits and license requirements must be fulfilled for an approval status \*\* Date Department N/A APPROVED DENIED **Additional Comments** DPD will Provide Special Attention DPD Pending Inspections DFD/ **EMS ROW Permit Required DPW** 

Temporary Food License Required

Health Dept.

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		<b>V</b>		Type III Barricades & Road Closure Signage Required
	Recreation	<b>V</b>			No Jurisdiction
	Bldg & Safety		$\checkmark$		Permits Required for Tents
	Bus. License		<b>✓</b>		No Permits Required
	Mayor's Office		<b>√</b>		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of ever
	Municipal Parking		<b>V</b>		No Purchase of Parking Meters Require
	DDOT		<b>V</b>		Low Impact on Buses

Signature:	B. Lusher	
1	20 10	

Date: <u>le - 28 - 19</u>

# City of Detroit OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Caven West
Deputy City Clerk/Chief of Staff

# DEPARTMENTAL REFERENCE COMMUNICATION

Monday, April 15, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

St. Aloysius Church, request to hold "St. Aloysius 22nd Annual Block Party" at 1234 Washington Blvd. on 7/28/19 from 11:30 AM - 3:00 PM, Set-up on 7/28/19 from 7:30 AM to 10:30, Street Closure on Washington Blvd (northbound lanes only) between Grand River to State St.

# 815

# **City of Detroit Special Events Application**

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Se	ction 1- GENERAL EVEN	T INFORMATION		
Event Name: St. Aloysius 22nd Ar	nual Block Party			
Event Location: 1234 Washington	Blvd, Detroit, MI 48226			
Is this going to be an annual event?	Yes  No			
Section 2	- ORGANIZATION/APP	LICANT INFORMATION		
Organization Name: St. Aloysius Ch	urch			
Organization Mailing Address: 1234 W	ashington Blvd, Detroit, M	I 48226		
Business Phone: 313-237-5810 Business Website: www.stalsdetroit.com				
Applicant Name: Tony Smith				
6463081626 Business Phone:	9172874881 Cell Phone:	tony.smith@att.net		
Event On-Site Contact Person:				
Name: Tony Smith				
Business Phone: 6463081626	Cell Phone: 9172874881	Email: tony.smith@att.net		
Event Elements (check all that apply)				
[ ] Walkathon	[ ] Carnival/Circus	[ ] Concert/Performance		
[ ] Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony		
[ ] Political Event	[ ] Festival	] Filming		
[ ] Parade	[ ] Sports/Recreation	[   Rally/Demonstration		
[ ] Convention/Conference	[ ] Fireworks	Other: Free Block Party		
Projected Number of Attendees: 400 Please provide a brief description of We will be serving precooked by from 11:30am to 3:00pm. The	your event:	and ice cream to the people in our community		

Event Start Date:07/28/2019 Time:11:30am Event End Date:07/29/2019 Time:3:00pm  Begin Tearing Down Date:7/28/2019@3:00pm Complete Tear Down Date:7/28/2019@6:00pm  Event Times (If more than one day, give times for each day):    Section 3- LOCATION/SITE INFORMATION		019	Time: 7:30am	Complete Set-	up Date: 07/28/2019	Time:10:30am
Section 3- LOCATION/SITE INFORMATION  Section 3- LOCATION/SITE INFORMATION  Section 3- LOCATION/SITE INFORMATION  Section 3- LOCATION/SITE INFORMATION  Pack and the second of Event: 1234 Washington Blvd, Detroit, MI 48226  Section 4- Park City  Sidewalk Park City  Park City  Sidewalk Park City  Sidewalk Park City  Sidewalk Park City  Location of First Aid  Location of Sidewalk Park  Proposed route for walkrun  Location of the and canopies  Sketch of street closure  Location of beverage booths  Location of beverage booths  Location of Portable restroms  Sketch of street closure  Location of portable restroms  Sketch of street closure  Location of portable park of proposed light pole banners  You will be prompted to upload these attachments upon submitting this form  Section 4- ENTERTAINMENT  Describe the entertainment for this year's event:  Intertainment will be live music  Sidewalk Park City  Location of First Aid  Location o	Event Start Date:07/28/20	19	Time:11:30am	Event End Da	te: 07/29/2019	Time:3:00pm
Section 3- LOCATION/SITE INFORMATION  Location of Event: 1234 Washington Blvd, Detroit, MI 48226  Facilities to be use(Check) Street  Sidewalk  Park City  Facility  Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the inticipated layout of your event including the following:  Public entrance and exit  Location of First Aid  Location of ferent for wall/run  Location of gentage receptacles  Location of gentage receptacles  Location of sound stages  Location of sound stages  Location of portable restrooms  You will be prompted to upload these attachments upon submitting this form  Section 4- ENTERTAINMENT  Describe the entertainment for this year's event:  Intertainment will be live music  Fill a sound system be used? Yes No  yes, what type of sound system? Amplified Sound  escribe specific power needs for entertainment and/or music:  dedicated 20 amp circuit  ow many generators will be used? M/A	Begin Tearing Down Date:7/2	28/201	9@3:00pm	Complete Tea	r Down Date:7/28/201	.9@6:00pm
Describe the entertainment for this year's event:    Catalon of Event: 1234 Washington Blvd, Detroit, MI 48226   Park   Park   City     Park	vent Times (If more than one /A	day, give	times for each da	y):		
Describe the entertainment for this year's event:    Catalon of Event: 1234 Washington Blvd, Detroit, MI 48226   Park   Park   City     Park						
Pacilities to be use Ocheck) Street Sidewalk Park City Facility Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the intricipated layout of your event including the following:  Public entrance and exit Location of merchandising booths Location of food booths Location of garbage receptacles Location of beverage booths Location of sound stages Location of hand washing sinks Location of portable restrooms You will be prompted to upload these attachments upon submitting this form  Section 4- ENTERTAINMENT  Describe the entertainment for this year's event:  Intertainment will be live music  Fill a sound system be used?  Yes No  yes, what type of sound system?  Amplified Sound  escribe specific power needs for entertainment and/or music:  dedicated 20 amp circuit  ow many generators will be used?  M/A	acation of Event 1234 Wa					ION
Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the Inticipated layout of your event including the following:  Public entrance and exit Location of merchandising booths Location of food booths Location of food booths Location of parbage receptacles Location of beverage booths Location of sound stages Location of parbage receptacles Location of press area Loca	facilities to be use(Check)					City
Location of merchandising booths Location of food booths Location of food booths Location of garbage receptacles Location of beverage booths Location of beverage booths Location of beverage booths Location of beverage booths Location of beverage souths Location of beverage booths Location of beverage souths Location of beverage booths Location of portable restrooms  You will be prompted to upload these attachments upon submitting this form  Section 4- ENTERTAINMENT  Describe the entertainment for this year's event:  Intertainment will be live music	lease attach a copy of Port-a-J	ohn, Sani Lincludin	tation, and Emerg g the following:	ency Medical A	Agreements as well as a si	te plan which illustrates the
Location of food booths Location of food booths Location of garbage receptacles Location of beverage booths Location of sound stages Location of hand washing sinks Location of portable restrooms  You will be prompted to upload these attachments upon submitting this form  Section 4- ENTERTAINMENT  Describe the entertainment for this year's event:  Intertainment will be live music  (iil a sound system) a sound system? Amplified Sound  excribe specific power needs for entertainment and/or music:  dedicated 20 amp circuit  ow many generators will be used?  NA  Proposed route for walk/run -Location of tents and canopies -Sketch of street closure -Location of beteachers -Location of bleachers -Location of bleachers -Location of beteachers -Location of press area -Location of beteachers -Location of thets and canopies -Sketch of street closure -Location of tents and canopies -Sketch of street closure -Location of beteachers -Location of breachers -Location of beteachers -Location of breachers -Location of press area -Location of		ada .				
Location of beverage booths Location of sound stages Location of hand washing sinks Location of portable restrooms  You will be prompted to upload these attachments upon submitting this form  Section 4- ENTERTAINMENT  Describe the entertainment for this year's event:  Intertainment will be live music  (ill a sound system be used?  Yes No  yes, what type of sound system? Amplified Sound  escribe specific power needs for entertainment and/or music:  dedicated 20 amp circuit  ow many generators will be used?  N/A	Location of food booths				-Proposed route for wall	√run
Location of sound stages Location of hand washing sinks Location of portable restrooms  You will be prompted to upload these attachments upon submitting this form  Section 4- ENTERTAINMENT  Describe the entertainment for this year's event:  Intertainment will be live music  If a sound system be used?  Yes No  yes, what type of sound system? Amplified Sound  escribe specific power needs for entertainment and/or music:  dedicated 20 amp circuit  ow many generators will be used?  N/A		S			-Location of tents and ca	mopies
Section of portable restrooms  You will be prompted to upload these attachments upon submitting this form  Section 4- ENTERTAINMENT  Describe the entertainment for this year's event:  Intertainment will be live music  (iil a sound system be used?  Yes No  yes, what type of sound system? Amplified Sound  escribe specific power needs for entertainment and/or music:  dedicated 20 amp circuit  ow many generators will be used?  N/A	Location of sound stages					
You will be prompted to upload these attachments upon submitting this form  Section 4- ENTERTAINMENT  Describe the entertainment for this year's event:  Intertainment will be live music  It a sound system be used?  Yes No  It yes, what type of sound system? Amplified Sound  Exercibe specific power needs for entertainment and/or music:  It dedicated 20 amp circuit  It you many generators will be used?  N/A					-Location of press area	t note have a
Section 4- ENTERTAINMENT  Describe the entertainment for this year's event:  Intertainment will be live music  Italia a sound system be used?  Yes No  yes. what type of sound system? Amplified Sound  escribe specific power needs for entertainment and/or music:  dedicated 20 amp circuit  ow many generators will be used?  N/A	•		npted to un	oload the		
Describe the entertainment for this year's event:  Intertainment will be live music  I'ill a sound system be used?  Yes No  yes. what type of sound system? Amplified Sound escribe specific power needs for entertainment and/or music:  dedicated 20 amp circuit ow many generators will be used?  N/A						apon submitting this for
/ill a sound system be used?	Describe the entertainment for	this year':				
/ill a sound system be used?	ntertainment will he li	ve mu	sic			
yes, what type of sound system? Amplified Sound escribe specific power needs for entertainment and/or music:  dedicated 20 amp circuit ow many generators will be used? N/A			_			
dedicated 20 amp circuit  ow many generators will be used? N/A	•	_				
ow many generators will be used? N/A				sic:		
ow many generators will be used? N/A						
	1 11					
nu náll do sa sa sa ba Carlo 10	dedicated 20 amp cir	cuit				
			A			

Address:		
	Phone:	
Citar/Charle / Zim		
City/State/Zip		_
	Section 5- SALES INFORMATION	
Will there be advanced ticket sales?	□ Yes ■ No	
Will there be on-site ticket sales?  If yes, list price(s):	□ Yes • No	
Will there be vending or sales? If yes, check all that apply:	☐ Yes   ■ No	
Food [ ] Merchandise	[ ] Non-Alcoholic Beverages [ ] Alcoholic Beverages	
Indicate type of items to be sold:		
N/A		
	PUBLIC SAFETY & PARKING INFORMATION	
Section 6-		
lame of Private Security Company.N/A		
lame of Private Security Company:N/A	Phone:	
Section 6- lame of Private Security Company:N/A Contact Person: N/A ddress:		
lame of Private Security Company:N/A contact Person: N/A ddress: ity/State/Zip:	Phone:	
lame of Private Security Company:N/A Contact Person: N/A ddress:	Phone:	

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? Outdoor event with minimal impact

Name of private catering company? N/A

Contact Person:

City/State/Zip:

Address:

Have local neighborhood gro	oups/businesses approved you	ur event? Yes	□ No
Indicate what steps you have	or will take to notify them o	f your event: 25 in Support of the event	
Visited local business	es and got signature	in support of the event	
		A PAYONYO CIDOD LAN	
	Secti	ion 8- EVENT SET-UP	
Complete the appropriate categor	ories that apply to the event S	tructure	
	How Many?	Size/Height	
Booth			
Tents (enclosed on 3 sides)	2	20'x40' each	
Canopy (open on all sides)	3	10'x10' each	
Staging/Scaffolding			
Bleachers			
	Satisma COME	DETOPO ATT THAT ADDITE	
Emergency medical services?	Section 9- COMP	PLETE ALL THAT APPLY	
Contact Person: N/A			
Address:			
City/State/Zip:			
Name of company providing port	-a-iohns Scotty's Potti	26	
Contact Person:	a-joins occity of total		
		724 421	1400
Address: PO Box 530845		Phone: 734-421-	1400
City/State/Zip: Livonia, MI 481	53		

Phone:

#### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area		
STREET NAME: Washington Blvd (no		
FROM: Grand River Avenue	To: State Street	
CLOSURE DATES: 7/28/19	<sub>BEG TIME:</sub> 7:00am	END TIME:
REOPEN DATE: 7/28/19 @7:00pm	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM;	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:		
CLOSURE DATES:	BEG TIME:	_ END TIME:
REOPEN DATE:		
STPEET NAME.		
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME;	_ END TIME:
REOPEN DATE:	TIME:	

## PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

#### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Toney R Smith

04/10/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

#### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: St Als A Date: 7/28/19	Event	
Event Organizer: Tony Smith		
Applicant Signature:  Date: 04/10/2019	oki(pried via Uenmiakal Dees sum  Tony R Smith  Ker = 33 Heal 800 216 Oko 4124 co 37 obs = 2330786	

### MICHIGAN TEMPORARY FOOD ESTABLISHMENT LICENSE APPLICATION

	LICANI/BUSINESS CONTA				
Orga	nization/Business Name: St.	Alo	ysius Catholic Church		
Main	Contact: Loren Connell, O	=M		Email:	brolocon@gmail.com
Mailir	ng Address: 1234 Washingt	on E	Blvd City: Detroit		brolocon@gmail.com  State: MI Zip: 48226
Prima	ary Phone: 313,237,3010		Cell Phone:		Fax : 313.903.9076
Altern	native Contact: Name: Tony	F	Phone: 917.287.4881		
			ne of Public Event; St Aloysi		
			2019 Serving Start Time: 1		
	ng Date: 07 /28 /2019 E				
Wher	will food preparation begin?	Da	te: 07 /28 /2019 Starti	ng Tir	<sub>ne:</sub> 11:30 <sub>AM/PM</sub>
Even	t Location (Name & Address)	St.	Aloysius 1234 Washingtor	Blvd	, Detroit, MI 48226
			Р		
If A	pplicable, Non Profit Tax ID #	5	3-0196617		
		FAILU	BE PROPERLY EQUIPPED AND E		TO OPERATE BY THE TIME INDICATED, OF MY LICENSE.
App	olicant Signature:				Date:
	nated Number of Meals to b	_	2000		
EQUI Identi A H D L W h a	PMENT LIST:	npor	rary food establishment. Check Cooking/Reheating Equipment Grill/BBQ	0	Cold/Hot Holding Equipment Ice chest/cooler with ice Refrigerator Freezer Steam table Grill/BBQ Chafing dish w/ fuel Slow cooker/roaster
	loor/Overhead Protection* food is prepared & served indoors foors are cleanable and impermeable Describe: Canopy/tent Goreening		Cleaning/Sanitizing Three basins to wash (dish soap), rinse (clear water) and sanitize (sanitizer) Extra utensils Bucket with sanitizing solution and wiping cloth(s) Sanitizer		Other refrigerated truck  Other Chemical test strips to test sanitizer solution Metal stem thermometer Gloves Hair restraints Electricity available Water source (circle all that apply)
	Other cement flooristices	nust	be done in a fully enclosed space	,	Municipal/City Water Well Bottled

FOOD PREPARATION AND MENU:

Only food and beverage items listed will be approved to serve. Approval for any changes must be requested before the event.

Food	G Food Source (piace/facility where food is purchased)	H Off-Site Prep Yes/No	On-Site Prep Yes/No	J Transport to event? (Hot or Cold, What type of equipment for transport)	K Cold holding equipment used at event?	L Cooking/reheating equipment used? Final cook/reheat temperature?	M Cooling?	N Hot holding equipment used?
Example:								- Ami
Hamburger	Jane's Food Service	No	Yes	Cold, Ice Chest	On-site refrigerator	Grill, 155 °F	No	Steam table
Hot Dogs	Gordon's FS	No	Yes	Cold,Ref Truck	ref truck	Grill, 155 °F	No	No
Hamburgers	Gordon's FS	No	Yes	Cold,Ref Truck	ref truck	Grill, 155 °F	No	No
Cole Slaw	Gordon's FS	N/A	N/A	Cold,Ref Truck	ref truck	N/A	N/A	N/A
Buns	Gordon's FS	N/A	N/A	Cold,Ref Truck	ref truck	N/A	N/A	N/A
Ice Cream	Gordon's FS	N/A	N/A	Freezer Cart	Freezer Cart	N/A	N/A	N/A
Potato Chips	Gordon's FS	N/A	N/A	N/A	N/A	N/A	N/A	N/A
produced by the second	10-10-	i i i i i i i i i i i i i i i i i i i	- ojo — liolo-e -			destruction		
ili				,		- п	• 11	

OR LOCAL HEALTH DEPARTMENT USE:	
foles:	Amount Paid: Receipt Number:
•	

<sup>\*1 -</sup> IF FOODS ARE MADE OFF-SITE, PLEASE FILL OUT ADDENDUM A (COMMISSARY AGREEMENT)
\*2 - IF YOU PLAN TO COOL ANY FOOD, CONTACT YOUR INSPECTOR TO DISCUSS THE METHOD YOU WOULD USE.

#### :A MUDNEGOA

#### COMMISSARY AGREEMENT

Organizations or individuals requiring the use of an off-site facility must obtain a review and approval, by the license application, inspection fees may apply if the facility is MOT currently licensed as a permanent food establishment. If you change the commissary location prior to the event, notify the department to update the commissary agreement. It may be required that you provide a copy of the Commissary Food License.

Temporary Food Service Operator requiring the use of an off-site kitchen facility must complete the following information:

				:S:	TNƏMM
			-	DENIED	PROVE
				ANO ONLY	OHICE (
		Dale	ioje.iedo//	venwO yiiliaeA beancal	וחנס סון
		THE STATE OF THE S	1	4 - 1	-11-11
ŅЧ/МА́	o) M9\MA	of use:		sed Facility will be used	
Mq\MA	o) M9\MA	to of use:			
ЙЧ\МА	Usacte water Disposal of Mq\MA	Approved Water Supply to Time of use:		sed Facility will be used	
gnibloH JoH			d for this event:	Olher: Sed Facility will be used	e) riceu
	Cooling Food  Waste water Disposal	Approved Water Supply	Warewashing d for this event:	Food Preparation  Dry Food Storage  Other:	e) riceu
gnibloH JoH	Cooling Food  Waste water Disposal	Approved Water Supply	Cold Food Storage Warewashing d for this event:	Food Preparation  Dry Food Storage  Other:	- I bi proces

	•	

## **MAYOR'S OFFICE COORDINATORS REPORT**

				******	
OVERAL	L STATUS (pl	ease c	ircle): 🗸 AP	PROVED	DENIED N/A CANCELED
Petition #:	840	Eve	ent Name: Pure	e Detroit	5K
	a: August 1				
	sure: Second			rop	
	on Name: Pure				
				ard Detr	oit, MI 48202
	te of the COMPL				
Date of Cit	y Clerk's Departr	nental F	Reference Comm		
	or City Departme or the Coordinate				
Due date i	or the Coordinate	ns Iveh	ort to City Clerk.		
Event Elen	nents (check all t	hat app	ly):		
Walkath	non C	arnival/(	Circus	Concer	t/Performance
Bike Ra	ace R	eligious	Ceremony	Politica	l Ceremony Festival
Filming	P	arade	[	Sports/	Recreation Rally/Demonstration
Firewor	ks C	onventio	on/Conference	Other:	The second of
 24-Hou	r Liquor Licens	e		_	
		Pet	tition Communic	cations (in	clude date/time)
Annual 5K	Run/Walk to ra				Foundation at Pure Detroit from 9:00am -
3:00pm; w	ith temporary s	treet cl	osures on Seco	nd, Chica	go & Lothrop.
	** All nerm	its and i	license requirem	ents must h	ne fulfilled for an approval status **
Date	Department	N/A	APPROVED	DENIED	Additional Comments
					DPD Assisted Event
	DPD	Ш	$\checkmark$		
	DFD/		$\checkmark$		Contracted with Hart Medical to Provide Private EMS Services
	EMS				
	DDW				DPD Assisted Event; No Permits Required
	DPW		$\checkmark$		
	Health Dept.		<b>7</b>		No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		<b>V</b>		Type III Barricades & Road Closure Signage Required
	Recreation	<b>V</b>			No Jurisdiction
	Bldg & Safety		<b>✓</b>		No Permits Required
	Bus. License	<b>✓</b>			No Jurisdiction
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of even
	Municipal Parking		<b>✓</b>		No Purchase of Parking Meters Require
	DDOT		<b>V</b>		Low Impact on Buses

Signature: B. Lucher	
Date: <u>6-28-19</u>	

OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

## DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, April 30, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Rock CF Foundation, request to hold "Pure Detroit 5K" at Pure Detroit - Inside of the Fisher Building on 8/11/19 at 9AM - 1PM, Set up on 8/11/19 at 6AM - 9AM, Tear down on 8/11/19 after event, with multiple street closures.

Din Gland attack

## **City of Detroit Special Events Application**

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

	Section 1- GENERAL EVE	NT INFORMATION	
Event Name: PURE DETROIT 5			
Event Location: PURE DETROIT	- INSIDE THE FISHER BUILD	ING	
Is this going to be an annual event?	Yes No		
going to be an annual event.	165 🗖 140		
Sectio	n 2- ORGANIZATION/APP	LICANT INFORMATION	
Organization Name: Rock CF Fou	undation		
Organization Mailing Address: 2990	W. Grand Blvd, STE M21 Detro	pit, MI 48202	
Business Phone: 734-341-5867	Business Website:	www.letsrockcf.org	
Applicant Name: Emily Schaller			
734-341-5867 Business Phone:	Cell Phone: 734-341-5867	emily@letsrockcf.org	
Event On-Site Contact Person:			
Name: Emily Schaller			
Business Phone: 734-341-5867	Cell Phone; 734-341-5867	Email: emily@letsrockcf.org	
Event Elements (check all that apply	)		
] Walkathon	[ ] Carnival/Circus	[ ] Concert/Performance	
Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony	
] Political Event	[ ] Festival	[ ] Filming	
] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration	
3.0	[ ] Fireworks	[ ] Other:	
] Convention/Conference	( )		

Begin Set-up Date 08/11/19	Time:6:00am	Complete Set-up Date: 8/11/19	Time:9:00am
Event Start Date:8/11/19	Time9:00am	Event End Date: 8/11/19	Time:1:00pm
Begin Tearing Down Date:8/11/1	9	Complete Tear Down Date:8/11	1/19
Event Times (If more than one day, 9:00am for 5K 10:00am for New Kids 1 mile		ıy):	
	Section 3 I O	CATIONUCITE INDON	
Location of Event: Pure Detroit-		CATION/SITE INFORM	MATION
F 111.1	reet 🗸		Park City
Please attach a copy of Port-a-John, anticipated layout of your event incl	Sanitation, and Emerguding the following:	ency Medical Agreements as well	as a site plan which illustrates the
Public entrance and exit Location of merchandising booths Location of food booths Location of garbage receptacles Location of beverage booths Location of sound stages Location of hand washing sinks Location of portable restrooms		-Location of First -Location of fire he -Proposed route for -Location of tents -Sketch of street or -Location of blead -Location of press	ane or walk/run and canopies closure thers area
	ompted to up	load these attachme	ed light pole banners  ents upon submitting this forn
	Section	n 4- ENTERTAINMEN	T
Describe the entertainment for this year.  PA for music and announcen  Vill a sound system be used?		and finish line.	
yes, what type of sound system? PA	4		
escribe specific power needs for ent	ertainment and/or mus	sic;	
ow many generators will be used? 1			

Address:	Phone:	
	Prione:	
City/State/Zip		
	Section 5- SALES INFORMATION	
Will there be advanced ticket sales?  If yes, please describe:	Yes No	
Will there be on-site ticket sales? If yes, list price(s):	Yes No	
Will there be vending or sales? If yes, check all that apply:	□ Yes ■ No	
[ ] Food [ ] Merchandise	[ ] Non-Alcoholic Beverages [ ] Alcoholic Beverages	
Indicate type of items to be sold:		
NA		
Section 6-	- PUBLIC SAFETY & PARKING INFORMATION	
Section 6.	- PUBLIC SAFETY & PARKING INFORMATION	
	- PUBLIC SAFETY & PARKING INFORMATION	
ame of Private Security Company.NA		
ame of Private Security Company.NA ontact Person: ddress:	- PUBLIC SAFETY & PARKING INFORMATION  Phone:	
lame of Private Security Company.NA ontact Person:		
ame of Private Security Company.NA ontact Person: ddress: ity/State/Zip:	Phone:	
ame of Private Security Company.NA ontact Person: ddress:	Phone:  ed Per Shift:	

How will you advise attendees of parking options? Participants will be notified via multiple emails, the race website and on social media.

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? Interment road closures on race course.

Have local neighborhood groups/businesses approved your event?	☐ Yes	No
--	-------	----

Indicate what steps you have or will take to notify them of your event: We will contact neighborhood business and residents via direct mailing.

## Section 8- EVENT SET-UP

Complete the appropriate categories	that apply to the event Structure
-------------------------------------	-----------------------------------

How Many? Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

2

10 x 10

Staging/Scaffolding

Bleachers

## Section 9- COMPLETE ALL THAT APPLY **Emergency medical services?** Contact Person: Universal Macomb Ambulance Services Address: 37583 Mound Rd. City/State/Zip: Sterling Heights, MI 48310 Name of company providing port-a-johns. Acee Deucee Contact Person: Jena Reiser Address: 441 Carleton Rockwood Rd. Phone: (734)782-3829 City/State/Zip: Carleton, Michigan 48117 Name of private catering company? Contact Person: Address: Phone: City/State/Zip:

#### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area	for closure.	
STREET NAME: Lothrop (between 2nd	& 3rd Avenue	
FROM: 8:50am	TO: 10:30am	
CLOSURE DATES: 8/11/19	<sub>BEG TIME:</sub> 8:50am-10:3	Oam END TIME:
11:00am	TIME:	
STREET NAME: Second Avenue (between	een Lothrop & Chicago)	
0.50	TO: 10:30am	_
CLOSURE DATES: 8/11/19	BEGTIME: 8:50am-10:3	Oam END TIME:
REOPEN DATE: 8/11/19 10:15am	TIME:	
STREET NAME: Chicago Boulevard		
FROM: 9:00am	TO: 9:45am	
CLOSURE DATES: 8/11/19	BEG TIME: _9:00am-9:45a	am END TIME:
REOPEN DATE: 8/11/19 9:45am	TTME:	
STREET NAME:		_
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	

## PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

**INSURANCE** 

### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

04/1	(3)	1	47	7	116
There's 1	1 1		1, 1	-1	-,1

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: 4th annual Pure Detroit 5K Run/Walk Date: 8/11/19	Event
Event Organizer: ROCK CF FOUNDATION	
Applicant Signature:	

**MAYOR'S OFFICE COORDINATORS REPORT** 

OVERAI	LL STATUS (p	lease c	ircle): 🕢 AP	PROVED	DENIED N/A CANCELED
Petition #:	843	Eve	ent Name: Dall	y in the	Alley
Event Date	e : Septemb				
Street Clos	sure: Forest,	Seco	nd, Hanco	ck & Thi	rd
Organizati	on Name: Nor	th Ca	ss Commu	nity Unio	on
Street Add	<sub>Iress:</sub> 4632 S	econ	d Ave Detro	oit, MI 4	8201
Date of Cit Due date f	ate of the <b>COMPI</b> ty Clerk's Depart or City Departme or the Coordinat	mental f ents rep	Reference Comnorts:		
Event Eler	nents (check all	that app	ly):		
Walkati	hon C	arnival/0	Circus [	Conce	rt/Performance Run/Marathon
Bike Ra	ace R	eligious	Ceremony [	Politica	l Ceremony Festival
Filming	P	arade	[	Sports/	Recreation Rally/Demonstration
Firewor	rks C	onventid	on/Conference	✓ Other:	Block Party
24-Hou	ır Liquor Licens	е			
		Dat	itian Camana	4: /:	
	ock Party & Fes lancock & Third	tival fro	tition Communion 11:00am - 1		vith temporary street closures on Forest,
_					pe fulfilled for an approval status **
Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD		<b>✓</b>		DPD Assisted Event; Contracted with R&S to Provide Private Security Services
	DFD/ EMS		$\checkmark$		Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	DPW		$\checkmark$		ROW Permit Required
	Health Dept.		<b>V</b>		Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		<b>V</b>		Type III Barricades & Road Closure Signage Required
	Recreation	<b>V</b>			No Jurisdiction
	Bldg & Safety		$\checkmark$		Permits Required for Tents, Stages & Generators
	Bus. License		<b>✓</b>		Vendors Licens & Liquor License Required
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of event
	Municipal Parking		<b>✓</b>		Purchase of Parking Meters Required
	DDOT		<b>✓</b>		Low Impact on Buses

Signature:	B.	Lusher	
		0	

Date: <u>4 - 28 - 19</u>

Caven West Deputy City Clerk/Chief of Staff

## DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, April 30, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

North Cass Community Union, request to host "Dally in the Alley" at Forest & Second Ave and H-Shaped Alley on 9/7/2019 form 11AM - 11PM, Set up on 9/6 from 6PM to 9/7 11AM, Tear down beginning on 9/7/19 at 11PM and ending on 9/8/19 at 4PM, and multiple street closures.

## **City of Detroit Special Events Application**

Successful events are the result of advance planning, effective communication and teamwork. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVEN	T INFORMATION
Event Name: DALLY IN THE ALLEY	
Event Location: FOREST & SECOND AVE AND H-SHAF	PED ALLEY
Section 2- ORGANIZATION/APPI	LICANT INFORMATION
Organization Name: NORTH CASS COMMUNITY UNION	
Organization Mailing Address: 4632 SECOND AVE. DETROIT	, MI 48201
Business Phone: 313-570-5711	Business Fax:
Federal Tax ID# N/A	
If registered as a non-profit, indicate non-profit ID m	umber and attach a copy of the certificate.
Applicant Name: MATTHEW KLIPPER	
Title/Role: NCCU PRESIDENT	
Email Address: M.KLIPPER@GMAIL.COM	
Mailing Address: 4632 SECOND AVE. DETROIT, MI 4820	1
Business Phone: 313-570-5711	Business Fax::
Event On-Site Contact Person:	
Mailing Address: MATT KLIPPER - 4632 SECOND AVE. D	ETROIT, MI 48201
Business Phone: 313-570-5711	Business Fax:
List name/phone number of person(s) authorized to make decisions for the	he organization/event (indicate role/responsibility).
List Event Sponsors: N/A	
Event Elements (check all that apply)	
Walkathon Carnival/Circus	Concert/Performance
Run/Marathon Political Event  Run/Marathon Festival	Religious Ceremony
Parade Sports/Recreation	Filming Rally/Demonstration
Fonvention/ConferenceFireworks	bther: BLOCK PARTY
- Restricted Times for Parade in the Central Business District are: Monday 6:00 PM, And Special Events or Sporting Events.	- Friday 7:00 AM - 10:00 AM; Noon - 2:00 PM; 4:00 PM -
- Applicants must reimburse the City of Detroit for costs associated with the	eir Special Event, including but not limited to Detroit notice
Department, Detroit Fire Department, Detroit Public Works, Health & Wel	Inner Department Duilding P. C. C. C. C. C. J. D. J.

What are the projected set-up, event and tear down completed)?	n dates and times (must be
Begin Set-up Date & Time: 9/06/19 6PM Complete	Set-up Date & Time: 9/07/19 11A
	Date & Time: 9/07/19 11PM
Begin Tearing Down Date: 9/07/19 11PM Complete	
Event Times (If more than one day, give times for each day)	
Is this the first time you have held this event in the	
If no, what years has the event been held in Detroit?	1982-PRESENT
When was the event last held in Detroit?	2018
Where was the event last held in Detroit?	SAME LOCATION
What were the hours last year?	SAME HOURS
Project Attendance This Year (Minimum - Maximum)?	20,000 - 40,000
What is the basis for your projected attendance?	AGE SALES
Discouled 2	
Please describe your anticipated/ target audience:	
Is this going to be an annual event? Yes No	
If yes, do you have a preferred/proposed for next year?	ALWAYS THE SATURDAY AFTER LABOR DAY
If a parade is planned. Indicate elements (check all that apply People Balloons Floats Animals Vehicles Other: N/A Bands	):
If animals included, specify type, number and how used.	N/A
Name of business supplying animal(s):	
Contact Person:	
Address:	
	Phone:
City/State/Zip:	
Section 3- LOCA	ATION/SITE INFORMATION
Location of Event: SEE ATTACHED MAP	
Facilities to be used (circle): Street Side	ewalk Park City Facility
Please attach a site plan which illustrates the anticipated layou	t of your event including the following:
-Public entrance and exit	-Location of First Aid
-Location of merchandising booths -Location of food booths	-Location of fire lane
-Location of garbage receptacles	-Proposed route for walk/run
-Location of beverage booths	-Location of tents and canopies -Sketch of street closure
-Location of sound stages	-Location of bleachers
-Location of hand washing sinks	-Location of press area
-Location of portable restrooms	-Sketch of proposed light pole banners

Section	on 4- ENTERTAINMENT
What type of entertainment will be used? (check all that a	pply)
Singers  Valuation  Austrian  Comedians  Speakers  Magician  Story Tellin  Other: AF	RTWORK, KIDS FAIR
Describe the entertainment for this year's event: 4 MUS	SIC STAGES (SAME AS PAST 42 YEARS)
List proposed entertainers and/or bands performing at the	event: TBD
Will a sound system be used? Yes No If yes, what type of sound system?	
Acoustic-audible, sound heard within natural range amplified-augmented, sound increased to broaden range.  The amplified sound will be used.	
Will the event consist of a musical concert? Yes	No
If yes, what type of music? (check all that apply)  Live Recorded	Karaoke/Lip-synch
Describe specific power needs for entertainment and/or music:	PATCHED INTO DTE (SAME AS PAST 42 YEARS)
How many generators will be used? N/A	
How will the generators be fueled?	N/A
Name of vendor providing generators:	
Contact Person:	
Address:	Phone:
City/State/Zip:	
Section 5- COMMUNI	CATION/ADVERTISING STRATEGY
Check all applicable boxes that describe the type of promotion of the second of the se	on you plan to use to attract participants:
Contact Info: Raffle (List Item(s)): Billboards  Posters Flyers Street Banners  Other (specify): FACEBOOK / WWW.DALL	YINTHEALLEY,COM
NOTE: All raffles subject to laws of State/City.	

Section 6- SALES INFORMATIO	N
Will there be advanced ticket sales? Yes No	
Will there be on-site ticket sales? Yes No	
Will food be sold?  Yes No f yes, please pick up Special Events Vendor Packet in Suite 105;	
Will merchandise be sold? Yes No f yes, describe: LOCAL DETROIT GOODS	
Will a percentage of the proceeds be distributed to a charitable organization?  Yes  Yes	√No
f the event is a fundraiser, identify charity or recipient of funds:	
Will there be vending or sales?	
Food Non-Alcoholic Beverages Other (specify):  Verchandise Alcoholic Beverages	
ndicate type of items to be sold:  BEER/WINE, WA	ATER, T-SHIRTS & POSTERS
Vill these be exclusive vendors or outside vendors? (please describe):  NCCU AND OU	TSIDE VENDORS
Vill these be exclusive vendors or outside vendors? (please describe):    NCCU AND OU	TSIDE VENDORS
Vill these be exclusive vendors or outside vendors? (please describe):  NCCU AND OU  Section 7- PUBLIC SAFETY & PARKING INF  Name of Private Security Company: Existing park contract security will be used.	
Vill these be exclusive vendors or outside vendors? (please describe):    NCCU AND OU	TSIDE VENDORS  ORMATION
Vill these be exclusive vendors or outside vendors? (please describe):    NCCU AND OU	TSIDE VENDORS
Vill these be exclusive vendors or outside vendors? (please describe):    NCCU AND OU	TSIDE VENDORS  ORMATION
Section 7- PUBLIC SAFETY & PARKING INF  Name of Private Security Company: Existing park contract security will be used.  Contact Person: MATTHEW KLIPPER - R&S Employee Services  Address: Phone:  City/State/Zip:  Number of Private Security Personnel Hired Per Shift: 30+	TSIDE VENDORS  ORMATION
Section 7- PUBLIC SAFETY & PARKING INF  Name of Private Security Company: Existing park contract security will be used.  Contact Person: MATTHEW KLIPPER - R&S Employee Services  Address: Phone:  City/State/Zip:  Number of Private Security Personnel Hired Per Shift: 30+  Are the private security personnel (check all that apply):	ORMATION  313-570-5711
Section 7- PUBLIC SAFETY & PARKING INF  Name of Private Security Company: Existing park contract security will be used.  Contact Person: MATTHEW KLIPPER - R&S Employee Services  Address: Phone:  City/State/Zip:  Number of Private Security Personnel Hired Per Shift:  Are the private security personnel (check all that apply):  Licensed  Armed	ORMATION  313-570-5711
Vill these be exclusive vendors or outside vendors? (please describe):    NCCU AND OU	ORMATION  313-570-5711
Vill these be exclusive vendors or outside vendors? (please describe):    NCCU AND OU	ORMATION  313-570-5711  Bonded  Ave.
Section 7- PUBLIC SAFETY & PARKING INF  Name of Private Security Company: Existing park contract security will be used.  Contact Person: MATTHEW KLIPPER - R&S Employee Services  Address: Phone:  City/State/Zip:  Number of Private Security Personnel Hired Per Shift: 30+  Are the private security personnel (check all that apply):  Licensed Alley nearest Hancock and Second	ORMATION  313-570-5711  Bonded  Ave.

<u>.</u> 0	ection 8- COMMUN	ITY IMPACT IN	FORMATION	
How will your event impact the support that the support of the sup	urrounding community (i.e. r, safety)?	STREET CLOSU	JRES	
Have local neighborhood groups/l	businesses approved your even	nt?	Yes No	
ndicate what steps you have or w	rill take to notify them of you	event:		
FLYERS AND NEIGHE	BORHOOD MEETIN	IGS		
ndicate contact names and phone	numbers (for verification) or	attach approved letter(s)	:	
		- EVENT SET-U	P	
Complete the appropriate categori  Structure	es that apply to the event.			
How Many? Size/Height Booth Fent (enclosed on 3 sides) Canopy (open on all sides) Staging/Scaffolding Bleachers	N/A			
Company:				
Grill Gas Charcoal	Planting			
GasCharcoal	Electrical	Propar	e	
AerialStage				
rovide Sketch:				
Cortable Restrooms:				
Standard ADA Ac	ccessible			
cincles				
ype/Weight:	-			
Other:				
IOTE: Specific requirements must	t be met and special approval	must be received by the	Detroit Fire Department.	
Vill additional electrical wiring ne	ed to be installed? Specify lo	cations, voltage, ampera	ge, and phase.	
		ase describe.		

Do you plan a fire	eworks display? List dates, time, location, v	vendor, and attach certificate of insurance.
	Section 10- COM	IPLETE ALL THAT APPLY
	on Company collecting refuse and garba	ge?
Contact Person:		
	SECOND AVE	Phone: 313-570-5711
City/State/Zip D	ETROIT, MI 48201	
	y providing emergency medical services? DETROIT FIRE DEPARTMEN	
Address:		
City/State/Zip:		
Name of company	y providing porta-johns. ACEE-DU	CEE
Contact Person: N	NATTHEW KLIPPER	
Address:		Phone: 313-570-5711
City/State/Zip:		
Name of private of	eatering company? 10 FOOD VEN	DORS (TBD)
Contact Person:		
Address:		Phone:
City/State/Zip;		
SPECIAL USE R	EQUESTS	
List any streets or p Neighborhood Sign	possible streets you are requesting to be closs natures must be submitted with application i	sed. Include the day, date, and time of requested closing and reopening. for approval.
Attach a map or s	ketch of the proposed area for closure. SEE ATTACHED MAP	_
FROM TO		
Closure Dates: Beg. Time: End Time: Reopen Date: Time:		

1
1
ers/Trunks
7.57
arding your event or additional requests?
ALLEY PRIOR TO EVENT ON 9/6/19
a

#### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

04/19/2019

Signature of Applicant

MATTHEN KUPPER

313-570-5711 M. Klipper @ gmail. Com

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

# **COMMUNITY IMPACT SIGNATURE FORM** Page(s) \_\_\_\_ of \_\_\_\_ All information must be legible and the business/resident name(s) must be included. The signature form is required for business (es) and resident(s) within full or single lane closures, business (es)/residential properties within 300 ft on all sides from the closure perimeter, if parking equipment in front of business (es)/residential properties and if events are within a residential community/block. (Date) from \_\_\_\_\_ to \_\_\_\_; \_\_\_\_\_ is scheduled to take place at (Event Name) . We will have streets closed for \_\_\_\_ day (s). (Qty) By signing, I verify that I have read the notification letter. I do not have any objections to the Special Events activity referenced above. Business/Resident Address Print Name Signature Date Name Signed The list above will be checked randomly for credibility. Any false information will be addressed and the Special Event Permit may be revoked. If a residential property, the owner or tenant must sign. If a business, the owner or manager must sign. Signatures of minors are not acceptable. By signing, I verify that the information above is true and confirmed. Authorized Signature-Applicant: \_\_\_\_\_ Date: \_\_\_\_

## **SPECIAL EVENTS CONTACT LIST**

Department/Agency	Contact Person	Email Address	Phone Number
Building & Safety Department			(313)224-3259
Business License	Yakeima Fife	fifova@dotroitmi.gov	(242)224 0205
Department	i akeiiiia riie	fifeya@detroitmi.gov	(313)224-0365
Campus Martius Park	Heather Badrak		(313) 962-0112
Clean Detroit	Ryan Epstein		(313) 354-1276
Coleman A. Young International Airport	Tyra Williams		(313) 833-7666
Detroit Police Department – Tactical Operations – Large Special Events and Parades in Downtown Area.	Sgt. Janae Stinson	Stinsonj251@detroitmi.gov	(313)237-2828
Detroit Police Department – Liquor License Division – 24 Hour Temporary Liquor License			(313) 596-1954
Detroit Fire Department	Capt. Eric Davis	daviser@detroitmi.gov	(313)596-2932
Detroit People Mover	Ericka Alexander	ealexander@thepeoplemover.com	(313)224-2148
Detroit Public Works – Right of Way Fees	Leslie Lord	lordl@cadtwr.ci.detroit.mi.us	(313)224-3935
Detroit Riverfront Conservancy			(313)566-8200
Eastern Market			(313)833.9300
Health & Wellness Department – Food License and Permits	Denise Talley-Ndiaye	talleyd@detroitmi.gov	(313)870-2729
Municipal Parking Department – Parking Meters Rentals	Linda Harris	harrisli@detroitmi.gov	(313)221-2520
Municipal Parking Department – Parking Lots/Garages	Angela Nash	nasha@detroitmi.gov	(313)221-2527
Mayor's Office – Film, Culture and Special Events	Sommer Woods	woodss@detroitmi.gov	(313)224-1606
Recreation Department – Belle Isle Park	Tracy Lawrence	lawrenct@detroitmi.gov	(313) 628-2081
Recreation Department – Fort Wayne		fortwayneinfo@detroitmi.gov	(313) 628-0796
Recreation Department – Hart Plaza	Howard Nash	hnash@detroitmi.gov	313-877-8074
Recreation Department – (Excludes Hart Plaza, Belle Isle and Fort Wayne)	Lynn Shaw	Ishaw@detroitmi.gov	(313) 877-8075

## 2011 CITY OF DETROIT SPECIAL EVENTS FEE SCHEDULE

(Fees are subject to change without notice)

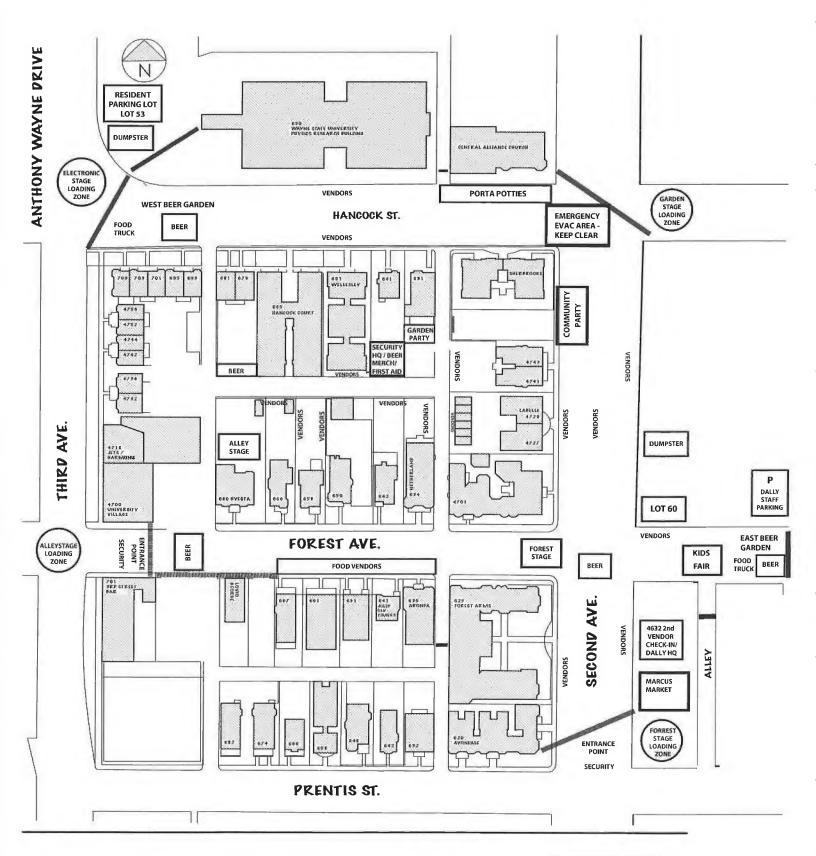
Department	Service Description	Fee
Business License	Business License Permit – Any goods that will be sold on the public right of way must obtain a permit per vendor.  This includes dry goods, merchandise, food or beverage.	\$115 per point of sale. Late applications will be assessed late fees.  Fee is waived is vendor is distributing materials complimentary.  Example of fee waivers: Organizations passing out literature.
Building & Safety Engineering	Permit for Temporary Signage, electrical/generator, bleachers and tents larger than 10x10.	Fees Vary
Detroit Fire Department	Tent Inspection (not per tent) – tents less than or equal to 10x10.	\$111 / first hour / \$56 each add'l hr
Detroit Fire Department	Tent Inspection (not per tent) – larger than or equal to 10x10.	\$186 / first hour / \$56 each add'l hr
Detroit Fire Department	Fire Hydrant Deposit	\$210
Detroit Fire Department	Fire Hydrant Permit – 10 day minimum	\$75 / day
Detroit Police Department	Police Officer – (Four (4) Minimum per officer) Min. Detail is Three (3) Officers and One (1) Supervisor	\$38.38 / hr
Detroit Police Department	Supervisor – Four (4) hour minimum	\$49.03 /hr
Detroit Police Department	NO - PARKING Signs	\$1.50 per sheet
Detroit Police Department Liquor License Unit	24 Hour Liquor License applications must be obtained from the State of Michigan website.	
Detroit Public Works	Barricades	A security deposit may be applicable
Detroit Recreation Department		Fees Vary, refer to website www.detroitmi.gov for additional information.
Detroit Public Works – City Engineering	Right of Way (ROW) Permit – ROW Fee is applicable if applicant is charging a fee to an event on a public right of way.	\$400 per eight (8) hours / \$1,200 for 24 hour permit
Health & Wellness Department	Temporary Food License	\$250 per point of sale (Non Profits can be considered for discount permit fee). Late applications will be assessed a late fee.  Fee is waived if vendor is distributing food complimentary, but an application must be completed.  Example of fee waiver: food bank
Municipal Parking Department	Meter – if a street closure includes parking meters, the meter must be reserved for the day.	\$20 per day

# 2011 SPECIAL EFFECTS/PYROTECHNICS DETROIT FIRE DEPARTMENT FEE SCHEDULE

(Fees are subject to change without notice)

Department	Service Description	Fee	
Detroit Fire Department	Fireworks / Explosive Storage – 1 – 100 LBS	\$157 per day	
Detroit Fire Department	Fireworks / Explosive Storage – 101- 500 LBS	\$187 per day	
Detroit Fire Department	Fireworks / Explosive Storage – 501 – 1,000 LBS	\$214 per day	
Detroit Fire Department	Fireworks / Explosive Storage – 1,001 – 5,000 LBS	\$240 per day	
Detroit Fire Department	Fireworks / Explosive Storage – 5,001 – 10,000 LBS	\$269 per day	
Detroit Fire Department	Fireworks / Explosive Storage – OVER 10,000 LBS	\$297 per day	
Detroit Fire Department	Fireworks/Pyrotechnics – Escort /Transport Explos Insp & Permit (RENEW)	\$223	
Detroit Fire Department	Fireworks/Pyrotechnics – Escort /Transport Explos Insp & Permit (NEW)	\$445	
Detroit Fire Department	Fireworks/Pyrotechnics – Fireworks Transport Permit (1-100 lbs)	\$129	
Detroit Fire Department	Fireworks/Pyrotechnics – Fireworks Transport Permit (Over 100 lbs)	\$240	
Detroit Fire Department	Fireworks/Pyrotechnics – Fireworks Display Witness	\$241	
Detroit Fire Department	Fireworks/Pyrotechnics – Field Inspection	\$111	
Detroit Fire Department	Plan Review - FBHR	\$116 / hr	
Detroit Fire Department	On-Site Inspection / Review	\$111 / hr	
Detroit Fire Department	Certificate of Fitness – One (1) year	\$56	
Detroit Fire Department	Certificate of Fitness – Three (3) year	\$69	
Detroit Fire Department	Chief	\$130 / hr	
Detroit Fire Department	Safety Officer	\$130 /hr	
Detroit Fire Department	Engine	\$130/hr	
Detroit Fire Department	Ladder Truck	\$130 / hr	
Detroit Fire Department	Squad / T.M.S	\$130 / hr	
Detroit Fire Department	E.M.S.	\$130 /hr	
Detroit Fire Department	Duty Officer	\$130 / hr	
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam Liquid <51 GALS	\$73	
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam Liquid 51-100 GALS	\$130	
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam Liquid 101 – 1,000 GALS	\$270	
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam Liquid 1,001 – 5,000 GALS	\$325	
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam Liquid 5,001 – 20,000 GALS	\$395	
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam	\$506	

	Liquid 20,001 – 100,000 GALS	
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam Liquid >100,001 GALS	\$1,093
Detroit Fire Department	Gas Storage – 3K-13k CU Ft	\$408
Detroit Fire Department	Gas Storage – 13,001-25K CU Ft	\$424
Detroit Fire Department	Gas Storage - Over 25K CU Ft	\$520
Detroit Fire Department	Gas Storage - Over 25K CU Ft	Detroit Fire Department
Detroit Fire Department	Gas Storage - One (1) Torch Unit	\$21
Detroit Fire Department	Gas Storage – Temp Instal of Flam Compressed Liquid Gas	\$111
Detroit Fire Department	Consultation	\$111 / first hour / \$56 each add'l
Detroit Fire Department	Miscellaneous Request	\$111 /hr



2019 DALLY IN THE ALLEY SITE PLAN



MAYOR'S OFFICE COORDINATORS REPORT

				COUNT	HINAI OILS	KEPOKI	
OVER	ALL STATUS (	please	circle): 🕢 A	PPROVE	DENIE	D N/A	CANCELED
Petition #	<sub>#:</sub> <u>919</u>	E\	vent Name: Cru	isIN Th	e D		
	ate: August 1						
Street Cl	osure: None						
Organiza	tion Name: Cru	uisIN t	he D Nonp	rofit Org	ganization		
	ddress: 1401 \						
Due date Due date	late of the COMF City Clerk's Departer for City Departer for the Coordina	tmental ents rep tors Rep	Reference Comports: port to City Clerk	munication			
Walka		Carnival/		Conon	mt/Dansanaa	<u> </u>	
Bike R			S Ceremony		rt/Performance	Run/Marat	ihon
Filmin		Parade	occentions		al Ceremony	Festival	
Firewo			on/Conform		Recreation Car Show	Rally/Dem	onstration
	ur Liquor Licens		on/Conference	✓ Other:			
24-110	ui Liquoi Licens	se					
		Per	tition Communi	cations (in	clude date/time	)	
Annual C	ar Showcase fro	om Woo	odward & 6 Mile	e to Palme	r Park from 9:0	00am - 8:30pm.	
	** ALL _perm	nits and I	license requirem	ents must l	ne fulfilled for ar	approval status *	*
Date	Department	N/A	APPROVED	DENIED	Ac	Iditional Commer	nts
	DPD		<b>√</b>		DPD Assisted	d Event	
	DFD/ EMS		$\checkmark$		No Permits R	equired	
	DPW		<b>✓</b>		DPD Assisted	l Event; No Perm	nits Required
	Health Dept.		<b>V</b>		No P	ermits Real	uired

	TED			
			$\checkmark$	No Permits Required
	Recreation		<b>✓</b>	Application Received & Approved as Presented
	Bldg & Safety		<b>✓</b>	No Permits Required
	Bus. License	<b>✓</b>		No Jurisdiction
	Mayor's Office		<b>V</b>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking		<b>V</b>	No Purchase of Parking Meters Required
С	DDOT		<b>V</b>	No Impact on Buses
AYOR'S	OFFICE			
gnature: _	18. Just 28-19	rei		

# City of **B**etroit

Janice M. Winfrey
City Clerk

OFFICE OF THE CITY CLERK

Caven West Deputy City Clerk/Chief of Staff

## DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 6, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
RECREATION DEPARTMENT

919 CruisIN' The D' Nonprofit Organization, request to hold "CruisIN' The D' at Woodward Ave. at 6 mile to Palmer Park at 8/17/19 from 9am - 8:30pm, Set-up on 8/17/19 from 6am - 8am, Tear down following event.

8/17/2019

# City of Detroit Special Events Application

#919

Successful events are the result of advance planning, effective communication and teamwork. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Event Name: CruisIN' The D'TM	
Event Location: Woodward Ave. at 6 mile to	at Palmer Park
Section 2- ORGANIZ	ATION/APPLICANT INFORMATION
Mouble - Alent The D Mouble	fit Organization
Organization Mailing Address: 1401 west fort442	346St., Detroit, MI 48744
Business Phone: 313-510-8276	
Federal Tax ID # 46-5478594	Business Fax: 313-922-1124
If registered as a non-profit, indicate	non-profit ID number and attach a copy of the certificate.
Applicant Name: Nikki Howard-Combs	1 - 5 - 12 ramber and allach a copy of the certificate.
Fitte/Role: Executive Director - CruisIN' The	D'TM - 71550P (ID Number)
Email Address: nikkihc@12nvevents.com/GJR	ASSOC@AOLCOM
Visiling Address: 1401 west Fort #2346., Detro	it MI 48226
Business Phone: 313-510-8276	1, 141 40220
Event On-Site Contact Person:	Business Fax:: 313-922-1124
dailing Address: Nikki Howard-Combs	
Susiness Phone: 313-608-8357	
damess (Mone: 010-000-0357	Business Fax: 248-624-0683
ist name/phone number of person(s) authorized to make	e decisions for the organization/event (indicate role/responsibility).
ist Event Sponsors: Ford Piquette, musuempu	blic school
Walkathon Camival/Circu	
Political Event Bike Race	Concert Performance Religious Ceremony
-Parade T Festival	Filming
Fireworks	The Con Ch
estricted Times for Parade in the Central Business District	t are: Monday - Friday 7:00 AM - 10:00 AM; Noon - 2:00 PM: 4:00 PM
applicants must reimburse the City of Day	Delated with their Special Event, including but not limited to Detroit Police.  Health & Wellness Department, Building & Sefermand P.
The City of Detroit for casts seed	ociated with their Special Event, including but not limited to Detroit Police. Health & Wellness Department, Building & Safety and Business License.

What are the projected set-up, event and tear dow completed)?	n dates and times (must be
Begin Set-up Date & Time: 8/17/19 - 6am Complete	Set-up Date & Time: 8/17/19 - 821
Event Start Date & Time: 8/17/19 - 9am Event End	
D	Tear Down Date: 8/17/19
Event Times (If more than one day, give times for each day	
Is this the first time you have held this event in the	City of Detroit? Yes V No
If no, what years has the event been held in Detroit?	2015
When was the event last held in Detroit?	August 18. 2018
Where was the event last held in Detroit?	Palmer Park, Detroit
What were the hours last year?	9am - 9pm
Project Attendance This Year (Minimum - Maximum)?	300 - 400
	nity response to marketing and partner marketing efforts
social media	
Please describe your anticipated/target audience:	
Is this point to be	
If yes, do you have a preferred/proposed for next year?	350 Detroiters, Car Enthusiast and Car Collectors
If a parade is planned, Indicate elements (check all that apply People Balloons (Floats Animals Vehicles Other:	·):
if animals included, specify type, number and how used,	
Name of business supplying animal(s):	
Contact Person:	
Address:	Phone:
City/State/Zip;	FROITE.
Section 3- LOC	ATIONSHIE INFORMATION
Location of Event: Woodward Ave. beginning a	
Section 1	ewalk Park City Facility
Please attach a site plan which illustrates the anticipated layou	City therity
-Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages -Location of hand washing sinks -Location of portable restrooms	-Location of First Aid -Location of fire lane -Proposed route for walk/run -Location of tents and canopies -Sketch of street closure -Location of bleachers -Location of press area -Sketch of proposed light pole banners

### AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

**MAYOR'S OFFICE COORDINATORS REPORT** 

					THE PERSON NAMED IN		
OVERA	LL STATUS (p	lease o	circle): 🗸 <u>AF</u>	PROVED	DENIED	. N/A	CANCELED
Petition #	921	Ev	ent Name: Lior	ns Prega	ame Tailgat	е	
	<sub>te :</sub> Various I						
Street Clo	sure: Brush	& Ada	ıms				
	tion Name: For				,		
	dress: 2000 E			e 200 D	etroit, MI 48	3226	
	ate of the COMP						
Date of C	ity Clerk's Depart	mental	Reference Com	nunication:			
	for City Department for the Coordinat						
	ments (check all		-				
Walka	-	arnival/		Conce	rt/Performance	Run/Mara	dla a a
Bike R			Ceremony		al Ceremony		thon
Filming			Geremony			✓ Festival	
		'arade	l,		/Recreation	Rally/Dem	nonstration
Firewo			on/Conference	Other:			
<b>√</b> 24-Ho	ur Liquor Licens	e					
		Po	tition Communi	cations (in	clude date/time)		
Ford Field	d will host a tailg				•	n the 2010 Sea	son with
music, ac	tivations and fo	od truck	(S.		mogamo damig	g tilo 2010 0ea	SOIT WILLT
Date	** ALL perm	its and	license requirem	ents must t	pe fulfilled for an	approval status	**
Date	Department	N/A	APPROVED	DENIED		litional Comme	
	DPD		<b>✓</b>		DPD Assisted   Management to Services		
	DFD/		<b>V</b>		Pending Inspec		
	EMS				Services		
	DPW		$\checkmark$		ROW Permit R	Required	
	Health Dept.		<b>V</b>	П	Temporary I	Food Licens	e Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		<b>V</b>		Type III Barricades Required
	Recreation	<b>✓</b>			No Jurisdiction
	Bldg & Safety		$\checkmark$		Permits Required for Zip Line
	Bus. License		<b>V</b>		Vendors License & Liquor License Required
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of ever
	Municipal Parking		<b>V</b>		Purchase of Parking Meters Required
	DDOT		<b>✓</b>		No Impact on Buses

### MAYOR'S OFFICE

Signature: B. Lucher	
Date: <u>Le - 28 - 19</u>	

OFFICE OF THE CITY CLERK

Caven West Deputy City Clerk/Chief of Staff

# DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 6, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

921 Ford Field, request to host "Lions Pregame Tailgate" at the Brush St. & Adams St. outside of Ford Field, on 8/2/19 - 12/29/19 with various times, Set-up to begin 4 hours before start of event, Tear down two hours at the end of the event, multiple street closures

# City of Detroit Special Events Application

8/2/2019 H921

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least 60 days prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

	Section 1- GENERAL EVE	NT INFORMATION
Event Name: Lions Pregame		
Event Location: Brush St and	Adams St outside of Ford Field	
Is this going to be an annual event?	Yes No Depends on Lions Sch	edule
S		
Organization Name: Ford Field	on 2- ORGANIZATION/APPI	LICANT INFORMATION
	O Private Ct. O. 11. Oct.	
Business Phone: 313-262-2000	D Brush St, Suite 200 Detroit, M	
	Business Website:	www.fordfield.com
Applicant Name: Kristen Dale		
Business Phone: 313-262-2187	Cell Phone: 989-529-2059	Email: Kristen.Dale@lions.nfl.net
Event On-Site Contact Person:		
Name: Ryan Marut		
Business Phone: 313-262-2166	Cell Phone: 313-549-6604	Email: Ryan.Marut@lions.nfl.net
Event Elements (check all that apply	)	on a distribution of the state
] Walkathon	[ ] Camival/Circus	[ ] Concert/Performance
] Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony
] Political Event	√ Festival	[ ] Filming
] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration
] Convention/Conference	[ ] Fireworks	[ ] Other:
rojected Number of Attendees: <sup>3</sup>	,000-6,000	
lease provide a brief description	of your event:	
ilgate area prior to all Detroi	t Lions home games with music	2 activations food to
onsistent with prior NFL se		o, activations, tood trucks, etc.
The second of th	GASUIIS.	

Begin Set-up Date: Setup will begin 4 hours p	Time: prior to start each day. S	Complete Set-up Date: See below for specific dates and time	Time:
Event Start Date:	Time:	Event End Date:	Time:
Start times vary. See below for o	dates and times.		
Begin Tearing Down Date: Tear down will be complete with	7 2 hours after the and of the	Complete Tear Down Date:	
NOTE: For the 9 28 and 9.29 dates, w			
Event Times (If more than on	e day, give times for each	day):	
8.2, 4p-8p), (8.8, 4:30p-7:30p), (8	1.23, 5p-8p), (9.15, 10a-1p), (9	.28, 9a-12p), (9.29, 10a-1p), (10.20, 10a-1p)	(10 27, 10a-1p), (11 17, 10a-1p), (11 28, 10a-1p)
12.15, 10a-1p), (12.29, 10a-1p)			
THE PARTY OF THE P		0.0.10.0.11.	
The property of		OCATION/SITE INFORM	
Location of Event: Brush St	btwn Beacon and Mon	tcalm; Adams St btwn John R and	Brush
Facilities to be used (circle):	Street.	Sidewalk	ark City
Please attach a copy of Port-a inticipated layout of your eve	John, Sanitation, and Em-	crycney Medical Agreements as well a :: Layout consistent with prior year's ev	s a site plan which illustrates the
Public entrance and exit			
Location of merchandising b	ooths	-Location of First A -Location of fire la	
Location of food booths		-Proposed route for	
Location of garbage receptae Location of beverage hooths	les	-Location of tents a	nd canopies
Location of sound stages		-Sketch of street clo	
Location of hand washing sin	ıks	-Location of bleach -Location of press a	
ocation of portable restroom	ns	-Sketch of proposed	light pole banners
The state of the s	Sect	ion 4- ENTERTAINMENT	
Describe the entertainment for	r this year's event:		
DJ			
ill a sound system be used?	☑ Yes □ No		
yes, what type of sound syste	em? Portable speakers		
No. of Concession, Name of Street, or other party of the Party of Street, or other	1 Section	5- SALES INFORMATIO	V The state of the
ill there be advanced ticket sa yes, please describe:			
	ales?    Yes		
yes, please describe:  ill there be on-site ticket sales yes, list price(s):  ill there be vending or sales?	ales?    Yes    Yes	No	
yes, please describer  ill there be on-site ticket sales yes, list price(s):	eles?	No No	olic Beverages

Indicate type of items to be sold: T-Shirts, Hats, Jerseys, other	r Lions Merch, Hot Dogs, Soda, Water, Beer
Will there be food trucks?	
Will there be a charge for parking?	olies to the events . Parking is charged for NFL games in general.
How will you advise attendees of parking options? Signage ar	
Section 6- PUBLIC SAFET	Y & PARKING INFORMATION
Name of Private Security Company: S.A.F.E. Management	
Contact Person: Jon Seibt	
Address: 2000 Brush St	Phone: 313-262-2273
City/State/Zip: Detroit, MI 48226	
Number of Private Security Personnel Hired Per Shift: TBD	
Are the private security personnel (check all that apply):	
Licensed [ ] Armed	i [ ] Bonded
Section 7- COMMUNICATION & O	COMMUNITY IMPACT INFORMATION
How will your event impact the surrounding community (i.e. pede	
	Aichigan State Police for uniformed and undercover day-of-event law enforcement services
Have local neighborhood groups/businesses approved your event?	The state of the s
Indicate what steps you have or will take to notify them of your even	ent: Ford Field neighbors have been notified of the Lion
schedule and are aware of this event related to each Llons game	
Section 8-1	EVENT SET-UP
Complete the appropriate categories that apply to the event Structu	ire
Describe specific power needs for entertainment and/or music. If g	enerators will be used, described how many and how they will be fueled:
Power, if needed, is accommodated by connection to For-	

Address:	Phone:
City/State/Zip	
Опункатель	
How Many	Size/Height
Booth	
Tents (enclosed on 3 sides)	
Canopy (open on all sides)	
Staging/Scaffolding	
Bleachers	
to the state of th	
Section 9	COMPLETE ALL THAT APPLY
mergency medical services?	
ontact Person: Superior	
ddress:	
ity/State/Zip:	
ame of company providing port-a-johns.	
ontact Person: Bob's Sanitation Service Inc.	
ddress:	Phone:
ty/State/Zip	
ame of private catering company? Levy Restau	ants
ontact Person: Matt Svacina	
Idress: 2000 Brush St.	Phone: 313-262-2182
ty/State/Zip:	
etroit, MI 48226	

#### **SPECIAL USE REQUESTS**

Brush Street & Adams St (specific areas below) are closed as part of DPD's gameday security plan and this event is held within the same area

If yes, please complete the street closure inform	nation below and attach a map or sket	tch of the proposed area for closure.
STREET NAME: Brush St.		
FROM: Beacon	<sub>TO:</sub> Montcalm	
CLOSURE DATES: Each Event Day	BEG TIME: _4 Hours Prior to Start Time	END TIME: 2 Hours After Llong Come Fe
REOPEN DATE:	TIME:	11 - 17 M 2 12 Hours After Lions Game Ern
STREET NAME: Adams St.		
FROM: Brush		
CLOSURE DATES: Each Event Day	BEG TIME 4 Hours Prior to Start Tim	TREND TIME 2 Years Affection Comments
REOPEN DATE:	TIME:	END TIME: 2 Hours Alter Lions Game End
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:		
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:		
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:		
REOPEN DATE:		

## PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

Insurance certificate attached. There are no separate contracts or agreements for the remaining services as these services are included within

the scope of normal operations for Ford Field and the surrounding area on NFL gamedays and there are no agreements for these services that are specific to the

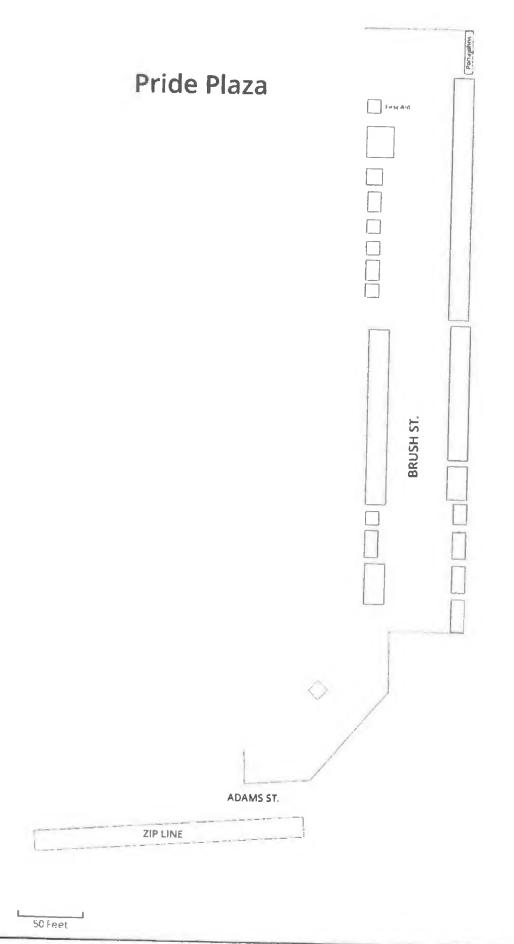
events for which this application is being filed.

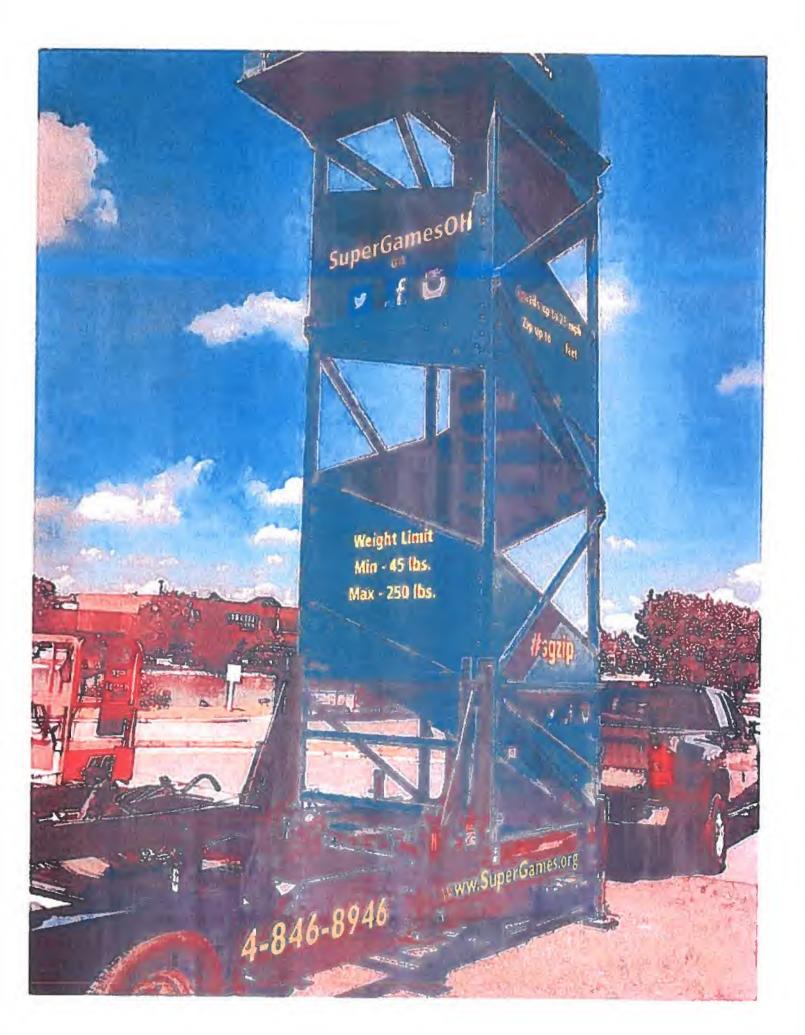
#### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

applicable entity, which may pertain to these rules, and further certify that I, on	Special Events. I further agree to abide be behalf of the Event agree to be financially be incurred by or on behalf of the Event, to
KntwDale	5 23 19
Signature of Applicant	Date
NOTE: Completion of this form does not cons the Special Events Management Team, you we restrictions pertaining to your event.	titute approval of your event. Pending review by will be notified of any requirements, fees, and/or
HOLD HARMLESS AND INDEMNIFICAT	TION
and against injury, loss, damage or lial foregoing including claims for personal ireasonable outside attorney's fees) arising	nold the City of Detroit (which includes its nted officials and employees) harmless from bility (or any claims in respect of the injury and death, damage to property, and from activities associated with this permit, s negligence or intentional act or omission of
Applicant affirms that Applicant has read Indemnification provision and agrees to the	d and understands the Hold Harmless and the terms expressed therein.
(Please Print)	
Event Name: Lions Pregame Tailgate Date: Various - See Above	Event
Event Organizer: DLI Properties, L.L.C., c/o Kristen Dale	
Applicant Signature: Kuth Del	

5.23.19









### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/22/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such and such as the policy.

this certificate does not confer rights to the certificate holder in lieu o  PRODUCER  The Huttenlocher Group					of the policy, certain policies may require an endorsement. A statement on such endorsement(s).  CONTACT Kristie L. Hon, CIC, CISR PHONE (A/C, No, Extl. (248) 681-2100  E-MAIL  FAX (A/C, No): (248) 681-0362						
1007 W. Huron Street Waterford, MI 48328			0200								
						chergroup.com	240) 081-	0362			
INSURED  The Detroit Lions, inc. 222 Republic Drive Allen Park, MI 48101								ORDING COVERAGE		NAIC #	
					INSURER A: National Casualty Company					391	
					INSUR	er a : Federa	I Insuranc	e Company	202		
					INSURER C: Liberty Mutual Insurance Company				230		
					INSUR					70	
					INSURER E :						
cc	WEBACES				INSUR	ERF.					
	VERAGES CE	RTIFIC	CATI	NUMBER:				REVISION NUMBER:			
E	HIS IS TO CERTIFY THAT THE POLIC IDICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	/ DED	TAILE	THE MICHIGANISM ASSESSED		0011110	IOI OIL OILE	A DOCUMENT WITH RESPE	HE POLICY I	PERIOD CH THIS TERMS.	
LIR	TYPE OF INSURANCE		SUBR		PECIA	POLICY EFF	POLICY EXP				
A	X COMMERCIAL GENERAL LIABILITY	100	11.75	, other number		TWINIDONALALE	I I WW.DOJYYYY			1 000 00	
	CLAIMS-MADE X OCCUR	x		6L-KRO-00000078993-00		3/31/2019	3/31/2020	DAMAGE TO RENTED PREMISES (50 occurrence)	3	1,000,00 1,000,00	
			1 9					MED EXP (Any one person) 5	5	5,00	
	GENT AGGREGATE LIMIT APPLIES PER							PERSONAL & ADVINJURY \$	4	1,000,00	
	POLICY PRO LOC							GENERAL AGGREGATE		2,000,00	
	OTHER:							PRODUCTS - COMP/OP AGG S	1	1,000,000	
B	AUTOMOBILE LIABILITY  X ANY AUTO							COMBINED SINGLE LIMIT (Ea accident)	1	,000,000	
	OWNED SCHEDULED		1	73602353	3/31/2019	3/31/2020	BOOILY INJURY (Par person) S				
	HIRED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) S PROPERTY DAMAGE (Per accident) S		74	
A	UMBRELLA LIAB X OCCUR							\$			
	X EXCESS LIAB X OCCUR CLAIMS-MADE		1	EL VVO ADADOGRADA			EACH OCCURRENCE S	10	,000,000		
	DED RETENTIONS		oc-xx0-000000789	02-2	SL-XKO-00000078994-00		3/31/2019	3/31/2020	AGGREGATE 5		
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							Aggregate s	10,	,000,000	
	AND EMPLOYERS' LIABILITY		A	VC534S085466	1/1/2019		X PER OTH-				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	1	100010000400		1/1/2019	1/1/2020	EL EACH ACCIDENT   5	1,	,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	1						EL DISEASE - EA EMPLOYEE S	1,	,000,000	
	DESCRIPTION OF OFERATIONS DRION		1					E.L. DISEASE - POLICY LIMIT S	1,	,000,000	
esc ty d	RIPTION OF OPERATIONS / LOCATIONS / VEHICL Detroit is an Additional Insured as pe	es (Acortains	to th	61, Additional Remarks Schedule & Tailgate Operations of th	may be he nam	ettached if more ed insured.	apace la require	nd)			
***	Pinio.										
CK	TIFICATE HOLDER				CANCE	LLATION					
City of Detroit 1301 3rd Ave. 3rd FL.				IDE	CAPIRATION	DATE THE	SCRIBED POLICIES BE CANC REOF, NOTICE WILL BE PROVISIONS.	ELLED BEI DELIVEREI	FORE D IN		
Detroit, MI 48226					AUTHORIZED REPRESENTATIVE						



### **MAYOR'S OFFICE COORDINATORS REPORT**

OVERAL	L STATUS (pl	ease ci	ircle): 🗸 AP	PROVED	DENIED N/A CANCELED			
Petition #:	922	Eve	ent Name: Back	to Scho	ol Health Fair & Backpack Giveaway			
Event Date	August 3,	2019	9					
	sure: Ferry P							
Organization Name: 15th Street Block Club Association & Restoring the Neighborhood								
Street Address: 6033 15th Street Detroit, MI 48208								
Date of Cit Due date for Due date for	Receipt date of the COMPLETED Special Events Application:  Date of City Clerk's Departmental Reference Communication:  Due date for City Departments reports:  Due date for the Coordinators Report to City Clerk:							
	nents (check all t		_	7	4/D-vf			
Walkath		arnival/(			t/Performance Run/Marathon			
Bike Ra		_	Ceremony [	$\exists$	Ceremony   Festival			
Filming		arade			Recreation Rally/Demonstration Health Fair - Backpack Giveaway			
Firewor			on/Conference	✓ Other:	- Baokpaok Giveaway			
24-Hou	ır Liquor Licens	е						
		Pet	ition Communi	cations (inc	clude date/time)			
	Annual Health Fair & Backpack Giveaway from 12:00pm - 7:00pm; with temporary street closure on Ferry Park between 14th Street and Stanton Street.							
					pe fulfilled for an approval status **			
Date	Department	N/A	APPROVED	DENIED	Additional Comments			
	DPD		<b>✓</b>		DPD Assisted Event			
	DFD/ EMS		<b>✓</b>		No Permits Required			
	DPW		$\checkmark$		ROW Permit Required			
	Health Dept.		<b>✓</b>		Temporary Food License Required			

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		<b>V</b>		Type III Barricades Required
	Recreation	<b>✓</b>			No Jurisdiction
	Bldg & Safety		<b>✓</b>		No Permits Required
	Bus. License		<b>✓</b>		No Permits Required
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of event
	Municipal Parking	<b>✓</b>			No Jurisdiction
	DDOT		<b>/</b>		Low Impact on Buses

### MAYOR'S OFFICE

Signature: B. Lusher	
Date: 10 - 28 - 19	

### City of **B**etroit

Janice M. Winfrey
City Clerk

OFFICE OF THE CITY CLERK

Caven West Deputy City Clerk/Chief of Staff

### DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 6, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

922 15th Street Block Club Associaton & Restoring the Neighborhood Back, request to hold "Back to School Health Fair Backpack Giveaway" at Trinity AME Church 6516 - 16th Street, on 8/3/19 from 12 noon - 7pm, Set-up on 8/3/19 from 9am -7pm, Tear down following event, Street Closure on Ferry Park from 14th Street to Stanton

Hand 12, 2017

May 17, 2019

City of Detroit Special Events Application 8/3/2019

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

	Section 1- GENERAL EVE	NT INFORMATION					
Event Name: BACK TO School Heartlfoor BACK PACK Give Away							
-ill the character of hiller							
Event Location: 17111 ty AMB Church 6316 1610 317621 Duf; MITONS							
Is this going to be an annual event? 4 Yes No							
Switi	on 2- ORGANIZATION/API	PLICANT INFORMATION					
1 th c	rest Block Club Asso	0.56					
		to the Offord.					
Organization Mailing Address:	6033 15th Street	DR RU 48218					
Business Phone:	Business Website	<u> </u>					
Applicant Name: Sherry	Russell + Yus	set Shakur					
Business Phone:	313-598-01 Cell Phone:	Set Shakur 176 snrusseile slocg 1 thal mut 1808 yusetshakur, org					
Event On-Site Contact Person:	313-459-6	1808 Yusetshakur, org					
	15521/ + YUSEF	: Shakur					
1 '	313-598-0	Email: VISEFShalar oro					
Business Phone:	Cell Phone:	8 Email: VISCESHUJEUR OVO					
Event Elements (check all that app	oly)						
[ ] Walkathon	[ ] Carnival/Circus	[ ] Concert/Performance					
[ ] Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony					
[ ] Political Event	[ ] Festival	[ ] Filming					
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration					
[ ] Convention/Conference	[ ] Fireworks	Hother Hill H Four Sive away					
Projected Number of Attendees	300	O					
Please provide a brief description	on of your event:						
the health four how benefit from how the bay	will run From 12p of their Bphonitor pack and away he free hot meal, Tree	-4pm. The community will trafficiency + vision + hearingtastry, and from 1pm-6py the community backpack, w/supplies, harvents,					

What are the projected set-up, event and tear down dates and times (must be completed)?
Begin Set-up Date: 8-3-19 Time: 9AM Complete Set-up Date: 8-3-19 Time: 7PM
Event Start Date: Time: Event End Date: Time: 8-3-19 Time: 7/M
Begin Tearing Down Date: 8-3-19 Complete Tear Down Date: 8-3-19
Event Times (If more than one day, give times for each day):
TO THE IN CODING THOM
Section 3- LOCATION/SITE INFORMATION
Location of Event: Trivity Are Church 6516 16th St. + Fary Pack Det 48208
Facilities to be used (circle): Street Sidewalk Park City Facility
Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:
-Public entrance and exit -Location of First Aid
-Location of merchandising booths -Location of food booths -Location of food booths -Proposed route for walk/run
-Location of garbage receptacles -Location of tents and canopies
-Location of beverage booths -Location of sound stages -Location of bleachers
-Location of hand washing sinks -Location of press area
-Location of portable restrooms -Sketch of proposed light pole banners
Section 4- ENTERTAINMENT
Describe the entertainment for this year's event:
bend, contact Yusef Shakur 313-459-6008
Will a sound system be used? Wes No
If yes, what type of sound system? Contact 1851 F. Shakur 313-459-6008
Section 5- SALES INFORMATION
Will there be advanced ticket sales?
Will there be on-site ticket sales?
Will there be vending or sales?
[ ] Food [ ] Merchandise [ ] Non-Alcoholic Beverages [ ] Alcoholic Beverages

Indicate type of items to be sold:			
Will there be food trucks? If yes, please list how many:	☐ Yes	No No	
Will there be a charge for parking? If yes, please describe the amount:	☐ Yes	No No	
How will you advise attendees of p	arking options	5?	
Sectio	n 6- PUBI	LIC SAFETY	& PARKING INFORMATION
Name of Private Security Company:	Λ	1/A - 1	JANE
Contact Person:	·	, ,	
Address:			Phone:
Citv/State/Zip:			
Number of Private Security Personne	l Hired Per St	nift:	
Are the private security personnel (ch	eck all that ap	oply):	
[ ] Licensed		[ ] Armed	[ ] Bonded
Section 7- CO	MMUNIC	CATION & C	OMMUNITY IMPACT INFORMATION
the aparturet	build	ing W:11	trian traffic, sound carryover, safety)?  be abli to access the entrance to  K to each station at event.
Have local neighborhood groups/bu			Yes No
Indicate what steps you have or will	take to notify	them of your eve	n: Flyer, RADIO, WORD OF MONTH
		Section 8- E	VENT SET-UP
Complete the appropriate categories	that apply to t	the event Structur	e
Describe specific power needs for e	ntertainment a		nerators will be used, described how many and how they will be fueled:  TUSIF Should we 313-459-6008

#### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Signature of Applicant Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

#### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print) BACK to School Health Fourt	
Event Name: BACKPACK GTUE AWAY Date: 8-3-19	Event
Event Organizer: Sherry Russell	
Applicant Signature: Skerry Russel  Date: February 24, 2019	

### **MAYOR'S OFFICE COORDINATORS REPORT**

OVERAI	LL STATUS (pl	ease c	ircle): 🗸 AP	PROVED	DENIED N/A CANCELED		
Petition #: 942 Event Name: Sidewalk Festival							
Event Date	August 2	- 3, 2	2019				
Street Clos	<sub>sure:</sub> Lahser						
Organizati	on Name: Side	walk	Detroit				
Street Add	ress: 19180	Grand	d River Det	roit, MI	48223		
Receipt date of the COMPLETED Special Events Application: Date of City Clerk's Departmental Reference Communication:   Due date for City Departments reports: Due date for the Coordinators Report to City Clerk:    Event Elements (check all that apply):  Walkathon  Carnival/Circus  Concert/Performance  Run/Marathon  Bike Race  Religious Ceremony  Political Ceremony  Festival  Filming  Parade  Sports/Recreation  Rally/Demonstration  Fireworks  Convention/Conference  Other:  24-Hour Liquor License  Parade  Parade  Other:  24-Hour Liquor License  Parade  Religious Ceremony  Other:  Parade  Other:  Parade  Other:  Parade  Parade  Other:  Parade  Other:  Parade  Parade  Other:  Parade  Parade  Parade  Parade  Parade  Rally/Demonstration  Parade  Parade							
Petition Communications (include date/time)  Annual Sidewalk Festival showcasing local artists from 7:00pm - 10:00pm; with temporary street closure on Lahser between Grand River & Orchard.							
** <u>ALL</u> permits and license requirements must be fulfilled for an approval status **  Date Department N/A APPROVED DENIED Additional Comments							
Suit	DPD		✓		Additional Comments  DPD will Provide Special Attention; Contracted with Discreet Investigations to Provide Private Security Services		
	DFD/ EMS		<b>V</b>		Contracted with Hart Medical to Provide EMS Services		
	DPW		<b>✓</b>		ROW Permit Required		
	Health Dept.		<b>√</b>		No Permit Required		

Date Department		N/A	APPROVED	DENIED	Additional Comments	
	TED		<b>✓</b>		Type III Barricades Required	
	Recreation	<b>V</b>			No Jurisdiction	
	Bldg & Safety		<b>V</b>		No Permits Required  No Permits Required  All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of even Purchase of Parking Meters Required	
	Bus. License		<b>✓</b>			
	Mayor's Office		$\checkmark$			
	Municipal Parking		<b>V</b>			
	DDOT		<b>✓</b>		No Impact on Buses	

Signature:	B. Lusher		

Date: <u>le - 28 - 19</u>

Janice M. Winfrey City Clerk OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

### DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 20, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUILDINGS SAFETY ENGINEERING BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Sidewalk Detroit, request to hold the "Sidewalk Festival" Lahser Between
Grand River and Orchard, on 8/2/2019 - 8/3/2019 from 7pm -10pm, Set-Up
8/2/19 from 2 - 5 pm, Tear down following event, Street closure on Lahser from
Grand River to Orchard.

# **City of Detroit Special Events Application**

8/2/2019 #942

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines: please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

	Section 1- GENERAL EV	VENT INFORMATION
Event Name: Sidewa		
Event Location: Lahace	between	beard RIVER and Orchard
Is this going to be an annual event?	□Kies □ No	
Secti		PPLICANT INFORMATION
Organization Name: Side	walk betroit	
Organization Mailing Address:	19180 Grand	RIVER DETROIT, MT 48223
Business Phone: 313 4	09 8128 Business Web	RIVER DETROIT, MT 48223 site: WWW. sidewalkdetroitcom
Applicant Name: Ryan	Myecs 5	ohnson
Business Phone: 313 409	8 128 Cell Phone:	mul ryane sidewalk detroit.
Event On-Site Contact Person:	laper	
Business Phone: 313 40981	a8 Cell Phone: 313 354	3454 Email: productions sidewalk detroit, con
Event Elements (check all that app		
[ ] Walkathon	Carnival/Circus	[ ] Concert/Performance
[ ] Run/Marathon	Bike Race	1   Religious Ceremony
Political Event	M Festival	Filming
[   Parade	Sports/Recreation	[   Rally/Demonstration
Convention/Conference	[ ] Fireworks	[ Other
Projected Number of Attendees:	1500	
Please provide a brief descriptio		

What are the projected so	et-up, event a	ind tear down dates an	d times (must b	e completed):	?	
Begin Set-up Date : 8/2	/19 Time	2,00pm Complete S	et up Date: 5:	oupm	Time;	8/2/19
Event Start Date: %	IIq Time	" 7; Open Event End I	Date: %/2	119	Time:	10:00pm
Begin Tearing Down Date:	8/3/11	Complete To	ear Down Date:	8/3/19		
Event Times (If more than one 8/a / 19	day, give time	s for each day):	13 30-	100		
	Secti	on 3- LOCATION	SITE INFOR	RMATION		
Location of Event:	hoek	between	Grand	RIVET	and	orchard
Facilities to be use(Check) Facility	Street	Sidewalk		Park		City
Please attach a copy of Port-a- anticipated layout of your ever	John, Samitation of including the	n, and Emergency Medica following:	l Agreements as we	ell as a site plan	which illustr	ates the
-Public entrance and exit -Location of merchandising be -Location of food booths -Location of garbage receptuel -Location of beverage booths -Location of sound stages -Location of hand washing sint -Location of portable restroom	es ks		Location of fir Location of fir Proposed route Location of ter Sketch of stree Location of ble Location of pro- Sketch of prope	e lane : for walk/run ats and canopies it closure eachers ess area		
You will be	e prompt	ed to upload the	ese attachn	nents upo		itting this form
Describe the entertainment for			EKTANNIE	N I		
Will a sound system be used?	Yes Yes	□ No				
If yes, what type of sound syste	m?					
For band		ent und/or music:				
How many generators will be us	sed?	Semerato	15			
How will the generators be fuel-	ed?					

Name of vendor providing g	and the second s
Contact Person:	NA
Address:	Phone:
ity/State/Zip	
	Section 5- SALES INFORMATION
vill there be advanced ticket sa yes, please describe:	les!  Ves  No
Vill there be on-site ticket sales (yes, list price(s):	? □ Yes ★ No
Vill there be vending or sales? I yes, check all that apply:	□ Yes ✓ No
J Food [ ] Merch	undise [ ] Non Alcoholic Beverages [ ] Alcoholic Beverages
	A A
ndicate type of items to be sold Sec	tion 6-PUBLIC SAFETY & PARKING INFORMATION  my: Discreet Investigation In
Sec ame of Private Security Compa	tion 6-PUBLIC SAFETY & PARKING INFORMATION  my: Discreet Investigation In
Sec ame of Private Security Compa ontact Person: Second ddress: 19785	tion 6-PUBLIC SAFETY & PARKING INFORMATION  my: Discreet Investigations In  ve Teckell  W. 12 Mile Rd Stell Mone: 248-246-6051
See lame of Private Security Compartment Person:	tion 6-PUBLIC SAFETY & PARKING INFORMATION  my: Discreet Investigations In  ve Teckell  W. 12 mile Rd stell/home: 248-246-6051  Redd Mt 48076-2584

O

# Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  INCOSED PEDESTRIAN TRAFFIC
Have focal neighborhood groups/businesses approved your event?
Use meet regularly with the Old Redfor Business Association
to keep them abreast assetuence and underes.  Section 8-EVENT SET-UP
Complete the appropriate categories that apply to the event Structure
Booth Tents (enclosed on 3 sides)  How Many?  Size/Height  Size/Height
Canopy topen on all sides)
Staging/Scaffolding
Bleachers
Section 9- COMPLETE ALL THAT APPLY
Emergency medical services?
Contact Person: Half EMS
Address 220 Basley St Suite 912
City/State/Zip: Detrot MI 48226
Name of company providing port-a-johns. Detroit Potter Potty gentel Pros
Contact Person:
Address: 535 Grisado Suite III Phone: 313 334 4231
City/State/Zip:
Name of private catering company?
Contact Person
Address: Phone;
City/State/Zip:

#### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barriendes are not available from the City of Detroit.

Attach a map or sketch of the proposed area	for closure.	
STREET NAME: Lahser		
FROM GTAND PATEL	TO OTCH	irel
CLOSURE DATES: 8/2/19  REOPEN DATE: 8/3/19	BEGTIME: 2:00 P	end TIME!
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME;
REOPEN DATE:	TIME:	
STREET NAME:		
FROM		
CLOSURE DATES:	BEGTIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:		
CLOSURE DATES:	BEGTIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	

### PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed. Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Ryan Myers Johnson 5/30/19
Signature of Applicant Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you—will be notified of any requirements, fees, and/or restrictions pertaining to your event.

#### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Sidewalk Festival   Date: 5/2 - 8-/3/2019	Event
Event Organizer: Lya Myus Who	
Applicant Signature: Ryon MYELS SUNNSON  Date: 5 30 19	

**MAYOR'S OFFICE COORDINATORS REPORT** OVERALL STATUS (please circle): | ✓ | APPROVED DENIED CANCELED N/A Event Date: July 21, 2019 Street Closure: Agnes Street Organization Name: Live Cycle Delight Street Address: 8900 East Jefferson #422 Detroit, MI Receipt date of the COMPLETED Special Events Application: Date of City Clerk's Departmental Reference Communication: Due date for City Departments reports: Due date for the Coordinators Report to City Clerk: Event Elements (check all that apply): Walkathon Carnival/Circus Concert/Performance Run/Marathon Bike Race Religious Ceremony Political Ceremony Festival Filming Parade Sports/Recreation Rally/Demonstration Other: Block Party Fireworks 24-Hour Liquor License Petition Communications (include date/time) 2nd Annual Block Party located on Agnes Street between Van Dyke & Parker Street from 11:00am -4:00pm. \*\* ALL permits and license requirements must be fulfilled for an approval status \*\* Date Department N/A **APPROVED** DENIED **Additional Comments** DPD will Provide Special Attention DPD No Permits Required DFD/ **EMS ROW Permit Required** DPW

Health Dept.

1

Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		<b>V</b>		Type III Barricades & Road Closure Signage Required
	Recreation	<b>V</b>			No Jurisdiction
	Bldg & Safety		<b>V</b>		No Permits Required
	Bus. License		<b>√</b>		Vendors License Required
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking		<b>✓</b>		Purchase of Parking Meters Required
	DDOT		<b>✓</b>		No Impact on Buses
	SOFFICE B. Just	h p 4			

Signature: B. Lusher	
Date: 10-28-19	

# City of Betroit OFFICE OF THE CITY CLERK

Janice M. Winfrey City Clerk

Caven West
Deputy City Clerk/Chief of Staff

# DEPARTMENTAL REFERENCE COMMUNICATION

Monday, July 1, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE RECREATION DEPARTMENT
BUILDINGS SAFETY ENGINEERING FIRE DEPARTMENT
POLICE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Live Cycle Detroit, request to host "2019 2nd Annual Block Party" in West Village on 7/21/2019 from 11am to 4pm, Set-up on the same day from 9:30am - 11am, Tear down following the event, Street closure on 8019 Agnes from Van Dyke to Parker.

# DEPARTMENTAL REFERENCE COMMUNICATION

Monday, July 1, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

#### **DPW - CITY ENGINEERING DIVISION**

Live Cycle Detroit, request to host "2019 2nd Annual Block Party" in West Village on 7/21/2019 from 11am to 4pm, Set-up on the same day from 9:30am - 11am, Tear down following the event, Street closure on 8019 Agnes from Van Dyke to Parker.

# City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least 60 days prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

	Section 1- GENERAL EVE	NT INFORMATION
Event Name: 2019 2007	Block Party	
Event Location: West Vil		
Is this going to be an annual event?	Yes 🗆 No	
Organization Name:   WE (	uch Delight	
Organization Mailing Address: 39	100 East Jefferson	#422
Business Phone: 313 - 423-10	Business Website:	www.liveryceledelight.com
Applicant Name: AYVIVA	42	
Business Phone:	Cell Phone: 313 - 516-04	24 Email: Amina Chelycle Delightown
Event On-Site Contact Person: Name:	Dinels	
Business Phone: 813-423-	-696 Nell Phone: 713-5/60	extensile its wedlight and mall an
Event Elements (check all that apply	y)	
[ ] Walkathon	[ ] Carnival/Circus	[ ] Concert/Performance
[ ] Run/Marathon	[ ] Bikc Race	[ ] Religious Ceremony
[ ] Political Event	[ ] Festival	[ ] Filming
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration
[ ] Convention/Conference	[ ] Fireworks	MOTHER: BLOCK Party
Projected Number of Attendees: Please provide a brief description		)
Mis is an	appropriately	& Island View outside in & food
What are the projected set-up, e	vent and tear down dates and times	s (must be completed)?
Begin Set-up Date: 7/2/14	Time GS Complete Set-up Da	ate: 7/21/19 Time: 11em

1 .	
Begin Tearing Down Date: 7/2/19	Complete Tear Down Date: 7/21/19
Event Times (If more than one day, give times	for each day):
	NA
	1
Location of Event:	019 Agres Detween VanDyk & Parker
Facilities to be used (circle): Street	Sidewall Park City
-	, and Emergency Medical Agreements as well as a site plan which illustrates the following:
Public entrance and exit Location of merchandising booths Location of food booths Location of garbage receptacles Location of beverage booths Location of sound stages	-Location of First Aid -Location of fire lane -Proposed route for walk/run -Location of tents and canopies -Sketch of street closure
Location of hand washing sinks Location of portable restrooms	-Location of bleachers -Location of press area -Sketch of proposed light pole banners
Location of hand washing sinks Location of portable restrooms	-Location of press area -Sketch of proposed light pole banners
Location of hand washing sinks Location of portable restrooms  Describe the entertainment for this year's event  Will a sound system be used?  Yes	-Location of press area -Sketch of proposed light pole banners
Location of hand washing sinks Location of portable restrooms  Describe the entertainment for this year's event  Will a sound system be used?  Yes	-Location of press area -Sketch of proposed light pole banners  at:  Sidewalk, Clevial 409
Location of hand washing sinks Location of portable restrooms  Describe the entertainment for this year's event  Till a sound system be used?  Yes  yes, what type of sound system?	-Location of press area -Sketch of proposed light pole banners  at:  Sidenalk, Clevial yvg
Location of hand washing sinks Location of portable restrooms  Describe the entertainment for this year's event  Will a sound system be used?  Yes  Yes  Yes  Yes	-Location of press area -Sketch of proposed light pole banners  at:  Sidenalk, Clevial yoga  No  Section 5- SALES INFORMATION
Cocation of hand washing sinks Location of portable restrooms  Describe the entertainment for this year's event  Western Street	-Location of press area -Sketch of proposed light pole banners  It:  Side walk, Clevial yaga  No  Section 5- SALES INFORMATION  No
Location of hand washing sinks Location of portable restrooms  Describe the entertainment for this year's event  Will a sound system be used?  Yes  Yes, what type of sound system?  Yes  Yes, please describe:  Will there be on-site ticket sales?  Yes  Yes, list price(s):	-Location of press area -Sketch of proposed light pole banners  at:  Sidenalk, Clevial your  No  Sequepment  Section 5- SALES INFORMATION  No  Set No
Location of hand washing sinks Location of portable restrooms  Describe the entertainment for this year's event  Will a sound system be used?  Yes  Yes, what type of sound system?  Yes  Yes, please describe:  Will there be on-site ticket sales?  Yes  Yes, list price(s):  Will there be vending or sales?  Yes, check all that apply:	-Location of press area -Sketch of proposed light pole banners  at:  Sidenalk, Clevial your  No  Sequepment  Section 5- SALES INFORMATION  No  Set No

How will you advise attendees of	parking options? Stront	Purking Adjustment
4-	OTTO	TOTAL PROPERTY.
	\ 10	
Name of Private Security Company	y: W/A	
Contact Person:		1
Address:		Phone:
City/State/Zip:		
Number of Private Security Person	and Hired Per Shift:	
Are the private security personnel (	(check all that apply):	
[ ] License	ed [ ] Armed	[ ] Bonded
Have local neighborhood groups/ Indicate what steps you have or w  Thus west  Opvo wed  Framo	businesses approved your event?  vill take to notify them of your event:  Veached  Associate  He event  Horal als	and the neighborhood.  on prototo to ar with the ped clack & DVS  to DVS WILL potation of the end prototo to the end of t
	Section 8- EV	ENT SET-UP
Complete the appropriate categories	ies that apply to the event Structure	
Describe specific power needs for	r entertainment and/or music. If gener	Fators will be used, described how many and how they will be fueled:
will be u	and at la	D Main Por AM DJ.

Address:	NI			Phone:	 
City/State/Zip					
	How Many?		Size/Heig	hı	
Booth	NA				
Tents (enclosed on 3 sides)	ſ				
Canopy (open on all sides)					
Staging/Scaffolding					
Bleachers	1				
	4 hillion	610	Chi	720	
nergency medical services?	NWSC	CN	SITE	1 PH	
	Nuest	ON	SITE	1 BIT	
nergency medical services? ontact Person: ldress:	Novest	ON .	SITE		
ontact Person:	NWSC		SITE	1 BH	 
ontact Person:	Novesc		SITE	1 BH	
ontact Person:  ddress:  ty/State/Zip:	. [	1	SITE	1 BH	
ontact Person:  ddress:  ty/State/Zip:  ame of company providing port	. [	(N	SITE	IBH	
ontact Person:  ddress:  ty/State/Zip:  ame of company providing port	. [	1	SITE	1 BH	
ontact Person:  ddress:  ty/State/Zip:  ame of company providing port ontact Person:	. [	1	Phone	e:	
ontact Person:	. [	1		e:	
ontact Person:  ddress:  ty/State/Zip:  ame of company providing port ontact Person:	. [	1		e:	
ontact Person:  ldress:  ty/State/Zip:  mue of company providing port entact Person:  dress:  y/State/Zip:	-a-johns.	/ N=		c:	
ontact Person:  ldress:  ty/State/Zip:  mue of company providing port  ontact Person:  dress:  y/State/Zip:  me of private catering compan	-a-johns.	/ N=		e:	
ontact Person:  ldress:  ty/State/Zip:  me of company providing port  ntact Person:  dress:  y/State/Zip:  me of private catering compan	-a-johns.	/ N=		e:	
ontact Person:  Idress:  ty/State/Zip:  nme of company providing port ontact Person:  Idress:	-a-johns.	/ N=			

#### SPECIAL USE REQUESTS

List any streets or possible streets you are requestighted with the submitted with the su	esting to be closed. Inclu	nde the day, date, and time of requested closing and reopening.
Will there be street closures?	s 🗀 No	ich a map or sketch of the proposed area for closure.
STREET NAME: 3019 AC	WS	
FROM: Van Dyke	TO:	Parer
CLOSURE DATES:	BEG TIME:	\$3.59 END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:		
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:		

1	PLEA	ASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:
	1)	CERTIFICATE OF INSURANCE
	2)	EMERGENCY MEDICAL AGREEMENT
	3)	SANITATION AGREEMENT
	4)	PORT-A-JOHN AGREEMENT
	5)	COMMUNITY COMMUNICATION
-		NA
-		

#### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Signature of Applicant Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

#### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: 7 Ann wal 10 Block Pary Event Date: 7/21/19

Event Organizer: Amina C/o Live Oqui Valignat

Applicant Signature
Date: 6/25/8



June 28, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3034488

100% City Funding – To Provide Emergency Residential Demolition at 1623 & 1627 Gray – Contractor: RDC Construction Services – Location: 26400 W. Eight Mile, Southfield, MI 48033 – Contract Date: Upon City Council Approval through June 24, 2020 – Total Contract Amount: \$25,000.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER	BENSON
DI COONCID MEMIDEN	DEMOCIT

**RESOLVED**, that Contract No. 3034488 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.



June 28, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

100% City Funding – Make Safe Packard Plant Bridge Collapse. – Contractor: Blue Star, Inc. – Location: 21950 Hoover, Warren, MI 48089 – Contract Date: Upon City Council Approval through July 1, 2020 – Total Contract Amount: \$53,863.31. HOUSING AND

REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON
--------------------------

**RESOLVED,** that Contract No. 3035010 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.



June 28, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035175

100% City Funding – To Provide Emergency Residential Demolition at 1579 Temple. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd., Ste. 301, Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$22,000.00. **HOUSING AND REVITALIZATION** 

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY	COUNCIL MEMBER	BENSON

**RESOLVED**, that Contract No. 3035010 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.



June 28, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035181

100% City Funding – To Provide Commercial Demolition of Group 127, 11805 Rosa Parks Blvd, 12104 W. Grand River, and 9230 Wyoming. – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council Approval through July 16, 2020 – Total Contract Amount: \$348,751.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED,** that Contract No. 3035181 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.



June 28, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035195

100% City Funding – To Provide Imminent Danger Commercial 9510 Van Dyke. – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$64,400.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBERBEN	ISON
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**RESOLVED**, that Contract No. 3035195 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.



June 28, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035197

100% City Funding – To Provide Emergency Commercial Demolition at 4325 Pennsylvania. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd., Ste. 301, Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$95,550.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY	COUNCIL MEMBER	BENSON

**RESOLVED**, that Contract No. 3035197 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.



June 28, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035198

100% City Funding – To Provide Imminent Danger Commercial Demolition at 4501 E. Davison. – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$18,500.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY	<b>COUNCIL MEMBER</b>	BENSON

**RESOLVED,** that Contract No. 3035198 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.



June 28, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035216 100% City Funding – To Provide Commercial Demolition for Group 123.

(1764 Calumet) – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$116,974.00.

HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

$\mathbf{BY}$	COUNCIL	<b>MEMBER</b>	BEN	ISON

**RESOLVED,** that Contract No. 3035216 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.



June 28, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035221

100% City Funding – To Provide Commercial Demolition of Group 125 (14009 Meyers) – Contractor: Salenbien Trucking and Excavating Inc. – Location: 9217 Ann Arbor Rd., Dundee, MI 48131– Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$45,750.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBERBF	ENSON
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**RESOLVED**, that Contract No. 3035221 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.



June 28, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035228

100% City Funding – To Provide Commercial Demolition of Group 124 (18211 John R, 3930 E. Eight Mile, and 6142 E. McNichols – Contractor: Salenbien Trucking and Excavating Inc. – Location: 9217 Ann Arbor Rd., Dundee, MI 48131– Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$211,745.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY	COUNCIL MEMBER	BENSON

**RESOLVED**, that Contract No. 3035228 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.



June 28, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035237

100% City Funding – To Provide Commercial Demolition of Group 126. (11111 & 11130 Chalmers) – Contractor: Homrich – Location: 65 Cadillac Sq., Ste. 2701 Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 16, 2020 – Total Contract Amount: \$92,290.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

$\mathbf{BY}$	<b>COUNCIL</b>	<b>MEMBER</b>	BENSON	

**RESOLVED**, that Contract No. 3035237 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.



June 28, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035243

100% City Funding – To Provide Emergency Commercial Demolition at 7811 Gratiot. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd., Ste. 301, Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$121,000.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

$\mathbf{BY}$	<b>COUNCIL MEMBER</b>	BENSON

**RESOLVED**, that Contract No. 3035243 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.



June 28, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035246

100% City Funding – To Provide Imminent Danger Commercial Demolition at 5812 Tireman. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd., Ste. 301, Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 20, 2020 – Total Contract Amount: \$110,250.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

$\mathbf{BY}$	<b>COUNCIL MEMBER</b>	BENSON

**RESOLVED,** that Contract No. 3035246 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.



June 28, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035256

100% City Funding – To Provide Imminent Danger Commercial Demolition at 12209 Turner. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd., Ste. 301, Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$84,750.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER	BENSON
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**RESOLVED,** that Contract No. 3035256 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.



June 28, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035219

100% City Funding – To Provide Emergency Residential Demolition at 11041 Roselawn. – Contractor: DMC Consultants, Inc. – Location: 13500 Foley, Detroit, MI 48227 – Contract Date: Upon City Council Approval through July 2, 2020 – Total Contract Amount: \$17,850.00. **HOUSING AND REVITALIZATION** 

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY	COUNCIL MEMBER	BENSON

**RESOLVED,** that Contract No. 3035219 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.



June 28, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035253

100% City Funding – To Provide Danger Residential Demolition at 18452 Westphalia, 14254 Fordham, and 14809 Hazelridge. – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$72,200.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

$\mathbf{BY}$	<b>COUNCIL MEMBER</b>	BENSON

**RESOLVED,** that Contract No. 3035253 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.



#### OFFICE OF CONTRACTING AND PROCUREMENT

June 28, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035232

100% City Funding – To Provide Residential Demolition for 1.15.19 Group H (21 Properties in Districts 3 & 4) – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$450,536.90. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

$\mathbf{BY}$	COUNCIL MEMBER	BENSON	

**RESOLVED,** that Contract No. 3035232 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.



#### OFFICE OF CONTRACTING AND PROCUREMENT

June 28, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002039

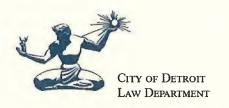
100% 2018 UTGO Bond Funding – To Provide for the expansion of the Real Time Crime Center and the build out of two (2) Mini Real Time Crime Centers. – Contractor: Detroit Building Authority – Location: 1301 Third Street, Suite 328, Detroit, MI 48226 – Contract Period: Upon City Council Approval through July 15, 2022 – Total Contract Amount: \$4,000,000.00. **POLICE** 

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON	
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**RESOLVED,** that Contract No. 6002039 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.



COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVENUE, SUITE 500 DETROIT, MICHIGAN 48226-3437 PHONE 313\*224\*4550 Fax 313\*224\*5505 WWW.DETROITMI.GOV

June 28, 2019

Detroit City Council 1340 Coleman A. Young Municipal Center Detroit, Michigan 48226

Re: Amendment To Chapter 24, *Health and Sanitation*, by adding Article XIV, *Greenhouse Gas Inventory*, and including Sections 24-14-1 through 24-14-7.

Honorable City Council:

The Law Department has prepared an ordinance proposed by Council Member Scott Benson, which addresses greenhouse gas emissions in the City of Detroit. This local law will be amending Chapter 24 of the 1984 Detroit City Code, *Health and Sanitation*, by adding Article XIV, *Greenhouse Gas Inventory*, and adding Sections 24-14-1 through 24-14-7. The purpose of the ordinance is to conduct city-wide assessments to measure the City's greenhouse gas emissions, set forth attainable benchmarks and make strategic efforts to lower the City's carbon footprint. The vision of the ordinance is to create achievable goals to make Detroit more environmentally friendly and uphold the City's pledge under the Paris Climate Agreement to lower greenhouse gas emissions in the community. A copy of the ordinance, which has been approved as to form, is attached for your consideration.

I look forward to discussing this important legislation with this Honorable Body.

Respectfully Submitted

Mary Parisien

Assistant Corporation Counsel City of Detroit Law Department

Municipal Section

#### SUMMARY

AN ORDINANCE to amend Chapter 24 of the 1984 Detroit City Code, Health and Sanitation, by adding Article XIV, Greenhouse Gas Inventory, to include Section 24-14-1, Purpose; Section 24-14-2, Definitions; Section 24-14-3, Municipal greenhouse gas emission benchmarks; Section 24-14-4, City-wide greenhouse gas emission benchmarks; Section 24-14-5, Municipal greenhouse gas assessment; Section 24-14-6, City-wide greenhouse gas assessment; Section 24-14-7, Annual report to City Council, to assess the municipal and city-wide greenhouse gas emissions; and with the compiled data collected set forth attainable benchmarks, make strategic efforts to lower greenhouse gas emissions city-wide, and provide an annual report to City Council of progress made.

1	BY COUNCILMEMBER
2	AN ORDINANCE to amend Chapter 24 of the 1984 Detroit City Code, Health and
3	Sanitation, by adding Article XIV, Greenhouse Gas Inventory, to include Section 24-14-1,
4	Purpose; Section 24-14-2, Definitions; Section 24-14-3, Municipal greenhouse gas emission
5	benchmarks; Section 24-14-4, City-wide greenhouse gas emission benchmarks; Section 24-14-5,
6	Municipal greenhouse gas assessment; Section 24-14-6, City-wide greenhouse gas assessment;
7	Section 24-14-7, Annual report to City Council, to assess the municipal and city-wide greenhouse
8	gas emissions; and with the compiled data collected set forth attainable benchmarks, make
9	strategic efforts to lower greenhouse gas emissions city-wide, and provide an annual report to City
10	Council of progress made.
11	IT IS HEREBY ORDAINED BY THE PEOPLE OF THE CITY OF DETROIT
12	THAT:
13	Section 1. Chapter 24 of the 1984 Detroit City Code, Health and Sanitation, be amended
14	by adding Article XIV, Greenhouse Gas Inventory, by adding Sections 24-14-1 through 24-14-7,
15	to read as follows:
16	CHAPTER 24. HEALTH AND SANITATION
17	ARTICLE XIV. GREENHOUSE GAS INVENTORY
18	Sec. 24-14-1. Purpose.
19	The City of Detroit recognizes the harmful effect greenhouse gas emissions has on our
20	environment. Climate change poses a serious threat to the economic well-being, public health,
21	natural resources and neighborhoods in the City. In an effort to combat climate change the City of
22	Detroit has pledged to uphold the Paris Climate Agreement, which is an international commitment
23	to limit global temperature. The City seeks to align with global standards by identifying and
24	quantifying greenhouse gas emissions emitted throughout the City. The City will work toward

reducing its carbon footprint and set achievable goals to better the overall health and wellbeing of 1 the community and its environment. 2 3 Sec. 24-14-2. Definitions. Carbon footprint means the amount of carbon dioxide and other carbon compounds emitted 4 5 due to the consumption of fossil fuels by a particular person, group, or entity. Carbon sinks means forests and other vegetation that remove carbon from the atmosphere. 6 7 City-wide greenhouse gas emissions means carbon dioxide and other carbon compounds emitted by entities in the City of Detroit that are non-municipal facilities. 8 Fugitive emissions means unintended greenhouse gas emissions from the processing, 9 10 transmission, and transportation of fossil fuels. Greenhouse gas (GHG) means any gas that absorbs infrared radiation in the atmosphere. 11 Greenhouse gases include carbon dioxide, methane, nitrous oxide, ozone, chlorofluorocarbons, 12 13 hydrofluorocarbons, perfluorocarbons, and sulfur hexafluoride. 14 Greenhouse gas emission benchmark means a standard or point of reference against which 15 carbon emissions may be compared or assessed. 16 Greenhouse gas inventory means an accounting of greenhouse gas emissions for a specific period of time. 17 Municipal greenhouse gas emissions means carbon dioxide and other carbon compounds 18 emitted by the City of Detroit government buildings, facilities, vehicles, fleets and methods of 19 public transportation. 20 Office of Sustainability means a City of Detroit office created by the Mayor that develops 21 and implements policies and practices in collaboration with City departments and agencies that 22

3 A17-04600

23

focus on enhancing the City's environment.

1	Sec. 24-14-3. Municipal greenhouse gas emission benchmarks.
2	The City completed an assessment of its municipal GHG emissions in 2012. The municipal
3	operations were assessed at 1.18 million tons of carbon dioxide equivalent. The City seeks to
4	achieve the following reductions in municipal GHG emissions as follows:
5	(1) 35 percent below 2012 levels by 2024;
6	(2) 75 percent below 2012 levels by 2034; and,
7	(3) 100 percent below 2012 levels by 2050.
8	Sec. 24-14-4. City-wide greenhouse gas emission benchmarks.
9	The City completed an assessment of city-wide GHG emissions in 2012. The city-wide
10	GHG emissions were assessed at 10.6 million tons of carbon dioxide equivalent. The City will
11	strive to work toward reducing city-wide GHG emissions by 30 percent below 2012 levels by
12	<u>2025.</u>
13	Sec. 24-14-5. Municipal greenhouse gas assessment.
14	(a) An inventory of municipal GHG emissions shall be completed once every four
15	years, with the first such assessment completed by August 1, 2020 with a review of 2019 municipal
16	GHG emissions.
17	(b) The assessment shall account for the following:
18	(1) Gas and electric used in owned and leased municipal buildings and facilities;
19	(2) Street lighting and traffic signals;
20	(3) Solid waste fugitive sources and incineration, including: landfill gas, incinerator
21	emissions, fugitive emissions from public and private waste processes, sludge
22	incineration; process emissions from waste water treatment; petroleum refining;
23	and solid waste landfill disposal;

1	(4)	Wastewater drainage, treatment and disposal;
2	<u>(5)</u>	Water supply facilities collection, treatment and distribution; and,
3	(6)	Municipal transportation, and,
4	<u>(7)</u>	Other sources as recommended by the entity conducting the assessment.
5	Sec. 24-14-6	. City-wide greenhouse gas assessment.
6	<u>(a)</u>	An inventory of city-wide GHG emissions shall be completed once every four
7	years, with the	ne first such assessment completed by August 1, 2020 with a review of 2019 city-wide
8	GHG emission	ons.
9	<u>(b)</u>	The assessment shall account for the following:
10	<u>(1)</u>	Gas and electric used in existing private buildings and infrastructure, including:
11		residential, commercial and industrial buildings and facilities:
12	(2)	Solid waste fugitive sources and incineration, including: landfill gas, incinerator
13		emissions, fugitive emissions from public and private waste processes, sludge
14		incineration; process emissions from waste water treatment; petroleum refining;
15		and solid waste landfill disposal:
16	(3)	Fugitive emissions from mining, processing, storage and transportation of coal;
17	(4)	Fugitive emissions from oil and natural gas systems;
18	<u>(5)</u>	Land use impacts, which may include tree planting, tree canopies, vegetated areas
19		and creation of carbon sinks in all communities within the City;
20	(6)	Agriculture, forestry and fishing activities;
21	<u>(7)</u>	Transportation including: vehicles, railways, waterborne navigation, and aviation;
22	(8)	Wastewater drainage, treatment and disposal; and
23	<u>(9)</u>	Other sources as recommended by the entity conducting the assessment.

5 A17-04600 5

1	Sec. 24-14-7.	Annual	report to	City	Council
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2	<u>(a)</u>	The Office of Sustainability shall provide an annual report to City Council. The
3	report shall	review the actions to reduce municipal and city-wide GHG emissions and shall
4	include:	
5	(1)	An analysis as to whether the City has achieved the benchmarks set forth in
6		Sections 24-14-3 and 24-14-4 of this Code;
7	(2)	Details of the measures taken by the City to reduce municipal and city-wide GHG
8		emissions:
9	(3)	Details of future strategies that may be implemented city-wide and within the
10		municipality to reduce GHG emissions, and
11	<u>(4)</u>	Detailed estimates of the following:
12		a. The cost to implement the identified municipal GHG emissions reduction
13		measures;
14		b. The annual cost reduction in municipal GHG emissions anticipated as a
15		result of the identified GHG emission reduction measures;
16		c. The annual savings anticipated as a result of the identified municipal GHG
17		emissions reduction measures;
18		d. A long-term estimate as to the total municipal GHG emissions reductions
19		anticipated by 2024, 2034, and 2050 as a result of the identified GHG
20		emissions reduction measures;
21		e. The net savings anticipated by 2024, 2034, and 2050 as a result of the
22		identified municipal GHG emissions reduction measures.

- 1 (b) The Director of the Office of Sustainability, or his or her designee, shall submit a
- 2 report to City Council concerning the review of all actions taken, and the findings of any
- 3 <u>assessment completed</u>, by January 31st of each year.
- 4 <u>Secs. 24-14-8—24-14-20.</u> Reserved.

Section 2. All ordinances, or parts of ordinances, that conflict with this ordinance are

repealed.

**Section 3.** This ordinance is declared necessary for the preservation of the public peace,

health, safety, and welfare of the People of the City of Detroit.

Section 4. Where this ordinance is passed by a two thirds (2/3) majority of City Council

Members serving, it shall be given immediate effect and shall become effective upon publication

in accordance with Section 4-118(1) of the 2012 Detroit City Charter. Where this ordinance is

passed by less than two thirds (2/3) majority of City Council Members serving, it shall become

effective thirty (30) days after publication in accordance with Section 4-118(2) of the 2012 Detroit

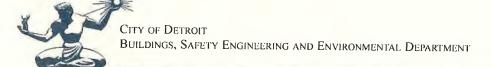
City Charter.

Approved as to form:

Jaurence J. Dancis
Lawrence T. García

Corporation Counsel

7



COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVE., FOURTH FLOOR DETROIT, MICHIGAN 48226 (313) 224-0484 • TTY 711 WWW.DETROITMI.GOV

HONORABLE CITY COUNCIL

Date: June 27, 2019

RE:

RECOMMENDATION FOR DEFERRAL

ADDRESS: 18900 Pierson

NAME: Armando Martinez & Maria L. Benitez

Demolition Ordered: July 24, 2017

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on June 24, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. This is the 1<sup>st</sup> deferral request for this property.

Therefore, we respectfully recommended that the demolition order be <u>deferred</u> for a period of six months subject to the following conditions:

- 1. A permit for rehabilitation work shall be applied for within <u>ten</u> (10) <u>business days</u> from the date of the City Council decision.
- 2. BSEED will schedule a Progress Inspection within <u>forty-five</u> (45) <u>calendar days</u> from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every <u>forty-five</u> (45) <u>calendar days</u>, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
- 3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
  - · Certificate of Acceptance related to building permits
  - Certificate of Approval as a result of a Housing Inspection
  - Certificate of Compliance, required for <u>all</u> rental properties
- 4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
- 5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
- 6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell Director

DB:bkd

cc:

Armando Martinez, 7878 NW 110 AVE, Doral FL 33178 Maria L. Benitez, 7878 NW 110 AVE, Doral, FL 33178

COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVENUE, FOURTH FLOOR DETROIT, MICHIGAN 48226 (313) 224-2733 • TTY:711 WWW.DETROITMI.GOV

DETROIT CITY CLERK

June 14, 2019

#### HONORABLE CITY COUNCIL:

Re: RECOMMENDATION FOR RESCISSION

ADDRESS: 1537-45 Temple NAME: 1545 Temple LLC

Demolition Ordered: September 22, 2011

Deferral date: August 31, 2017

The building at the location listed above was ordered demolished by your Honorable Body on the date indicated above and the order was deferred under the conditions of the Ordinance.

A recent inspection on May 30, 2019 has revealed that the building is open to trespass, and/or required progress has not been made, contrary to the conditions of the deferral.

Therefore, we respectfully recommend that the deferral be <u>rescinded</u> and the demolition proceed as originally ordered, with the cost of demolition assessed against the property.

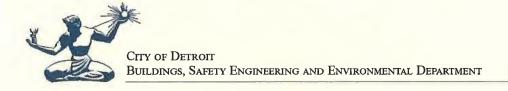
Respectfully submitted,

David Bell Director

DB/DP/sc

cc:

1545 Temple LLC, 600 N. Old Woodward, Birmingham, MI 48009



COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, FOURTH FLOOR
DETROIT, MICHIGAN 48226
(313) 224-2733 • TTY:711
WWW.DETROITMI.GOV

June 14, 2019

#### HONORABLE CITY COUNCIL:

Re: RECOMMENDATION FOR RESCISSION

ADDRESS: 8410 W. McNichols

NAME: Deandre Cain

**Demolition Ordered: September 14, 2014** 

Deferral date: February 18, 2019

DETROIT CITY CLERK

The building at the location listed above was ordered demolished by your Honorable Body on the date indicated above and the order was deferred under the conditions of the Ordinance.

A recent inspection on May 6, 2019 has revealed that the building is open to trespass, and/or required progress has not been made, contrary to the conditions of the deferral.

Therefore, we respectfully recommend that the deferral be <u>rescinded</u> and the demolition proceed as originally ordered, with the cost of demolition assessed against the property.

Respectfully submitted,

David Bell Director

DB/DP/sc

cc: Deandre Cain, 19638 Appleton, Detroit, MI 48219 Deandre Cain, 16138 five Points, Detroit, MI 48240



COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVENUE, SUITE 1026 DETROIT, MICHIGAN 48226 PHONE: 313 • 628-2158

FAX: 313 • 224 • 0542 WWW.DETROITMLGOV

June 10, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Request to Accept and Appropriate a Sub-award of the FY 2016 Police-Prosecution Initiative Grant

The Wayne County Prosecuting Attorney's Office has awarded the City of Detroit Police Department with the FY 2016 Police-Prosecution Initiative Grant for a total of \$303,570.00. This grant is a sub-award from the Bureau of Justice Assistance to Wayne County. There is no match requirement for this grant.

The objective of the grant is to reduce non-fatal shootings and homicides in the 9<sup>th</sup> precinct. The funding allotted to the department will be utilized to create a dedicated non-fatal shooting team that will respond to all non-fatal shootings in the 9<sup>th</sup> precinct.

If approval is granted to accept and appropriate this funding, the appropriation number is 20666.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely.

Ryan Friedrichs

Director, Office of Development and Grants

CC:

Katerli Bounds, Deputy Director, Grants Sajjiah Parker, Assistant Director, Grants

This request has been approved by the Law Department

This request has been approved by the Office of Budget



#### RESOLUTION

Council Member_	

WHEREAS, the Detroit Police Department is requesting authorization to accept a grant of reimbursement from Wayne County, in the amount of \$303,570.00, to reduce non-fatal shootings and homicides in the 9th precinct; and

WHEREAS, this request has been approved by the Law Department; and

WHEREAS, this request has been approved by the Office of Budget; now

**THEREFORE, BE IT RESOLVED** that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

BE IT FURTHER RESOLVED, that the Budget Director is authorized to establish Appropriation number 20666, in the amount of \$303,570.00, for the FY 2016 Police-Prosecution Initiative Grant.

# FY16 BJA POLICE-PROSECUTOR PARTNERSHIP INITIVIATIVE SUBAWARD AGREEMENT

# Between the THE CHARTER COUNTY OF WAYNE

And the CITY OF DETROIT

REFERENCE: Federal Award #: 2017-DG-BX-K012; CFDA #16.751 THIS SUBRECIPIENT AGREEMENT hereinafter referred to as the "Agreement," is a contract between the Charter County of Wayne, Michigan, a body corporate and a Michigan Charter County, acting by and through the Wayne County Prosecuting Attorney's Office ("County") the City of Detroit, a Michigan municipal corporation, acting by and through its Police Department ("City"). This Agreement sets forth the terms between the parties beginning October 1, 2017 concerning the Police-Prosecutor Partnership Initiative grant project and award.

#### 1. PURPOSE

- 1.01 This Agreement is entered into with specific federal authorization under grant award number 2017-DG-BX-K012 and for the purpose of providing police support to the Non-fatal Shooting Grand Jury project.
- 1.02 Federal authorization of this subaward to the City is a result of the inclusion of a sufficiently-detailed description and justification of the proposed subaward in the application as approved by the Office of Justice Programs. The City is a subrecipient of the County's grant award referenced herein.
- 1.03 To this end, the City will be reimbursed for costs incurred for performance on the grant project up to but not more than \$303,570.

#### 2. FEDERAL AWARD IDENTIFICATION

#### 2.01 Funding Source and Agreement Amount

- a. The County under the terms of this Agreement, will provide federal pass-through funding not to exceed \$303,570 In the form of a subaward to the City from the County's FY16 Police-Prosecution Initiative grant award; Award No. 2017-DG-BX-K012.
- b. The City's DUNS number is 137199266.
- c. The Federal Award Identification Number is 2017-DG-BX-K012.
- d. The Federal Award date is September 21, 2017.
- e. The Catalog of Federal Domestic Assistance (CFDA) number is 16.751.
- f. The CFDA Title is the Edward Byrne Memorial Competitive Grant Program.
- g. The solicitation's name under which this Agreement is formed is "The Police-Prosecutor Partnership Initiative FY 2016 Competitive Grant Announcement."
- h. The awarded project's full title is "The Detroit Non-Fatal Shooting Grand Jury Project: An Innovative Problem-Solving Strategy to Reduce Non-Fatal Shootings and Homicides."
- i. The total Federal Award amount is \$1,000,000.
- j. The type of award is a cooperative agreement.
- k. The Federal Awarding Agencies are the Bureau of Justice Assistance (BJA) and the Office of Justice Programs (OJP).
- 2.02 Grant Summary: The Detroit Police Department and the Wayne County Prosecutor's Office propose to reduce the non-fatal shootings (NFS) and homicides by 10% in the Detroit Police Department's 9th precinct by reinventing the criminal justice response to NFS. The Detroit NFS Grand Jury project will rely on a one-man grand jury combined with a witness protection program to assist with investigations and indictments.

- j. Article 12 of Chapter 120 of the Wayne County Code governing "Ethics in Public Contracting."
- k. Section 120-46(f) of Chapter 120 of the Wayne County Code governing Prompt Payment of subcontractors.
- I. All applicable provisions of 41 U.S.C. 4712, including all applicable provisions that prohibit, under specified circumstances, discrimination against an employee as reprisal for the employee's disclosure of information related to gross mismanagement of a federal grant, a gross waste of federal funds, an abuse of authority relating to a federal grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal grant.

27.02 The City will inform its employees, in writing (and in the predominant native language of the workforce), of employee rights and remedies under 41 U.S.C. 4712.

27.03 The City will comply with applicable federal and state laws, guidelines, rules and regulations in carrying out the terms of this Agreement, the City will also comply with all applicable general administrative requirements covering cost principles, grant/agreement principles, and audits in carrying out the terms of this Agreement.

#### 28. JURISDICTION AND LAW

28.01 This Agreement, and all actions arising from it, must be governed by, subject to, and construed according to the law of the State of Michigan, the City consents to the personal jurisdiction of any competent court in Wayne County, Michigan, for any action arising out of this Contract. Service of process at the address and in the manner specified in this Contract will be sufficient to put the City on notice, the City will not commence any action against the County because of any matter arising out of or relating to the validity, construction, interpretation and enforcement of this Contract, in any courts other than those in the County of Wayne, State of Michigan unless original jurisdiction is in the United States District Court for the Eastern District of Michigan, Southern Division, the Michigan Supreme Court or the Michigan Court of Appeals.

#### 29. AUTHORIZATION

29.01 The City warrants to the County that it has taken all corporate actions necessary for the authorization, execution, delivery and performance of this Agreement and is ready to perform its obligations. The City further warrants that the person signing this Contract is authorized to do so and is empowered to bind the City to this contract.

Signature Page Follows

The Authorized Official's signature below, represents the legal acceptance of the terms of this Agreement, including Certifications and Assurances.

Name of Authorized Official Kym L. Worthy	Title of Authorized Official Wayne County Prosecuting Attorney		
Signature Mym2 With	Date 9/7/18		
Name of Authorized Official	This of Authority 1000 14		
Name of Authorized Official	Title of Authorized Official		
Signature	Date		
Name of Authorized Official	Title of Authorized Official		
Signature	Date		
Name of Authorized Official	Title of Authorized Official		
Signature	Date		
1111			

## ATTACHMENT 1 STATEMENT OF WORK

Project Title: The Detroit Non-Fatal Shooting Grand Jury Project

Award Number: 2017-DG-BX-K012

Grantee: Wayne County Prosecutor's Office (County)

Subrecipient: Detroit Police Department (City)

Building on the success of the 10<sup>th</sup> Pct GJ and witness protection project, the Charter County of Wayne and the City of Detroit have entered into this project with a shared goal to reduce NFS and Homicides in the 9<sup>th</sup> Pct by 10%.

To this end, the City will complete the assigned activities identified in the BJA-approved Action Plan and make all reasonable efforts to complete said activities within the timeframe provided.

The County will make sure that the City receives a copy of the Action Plan once it is approved by BJA.

### ATTACHMENT 2 SUBRECIPIENT PROJECT BUDGET

Project Title: The Detroit Non-Fatal Shooting Grand Jury Project

Award Number: 2017-DG-BX-K012

Grantee: Wayne County Prosecutor's Office (County)

Subrecipient: Detroit Police Department (City)

#### I. General

(a) The City shall be paid for those Services performed pursuant to this Agreement a maximum amount of, three hundred three thousand, five hundred seventy dollars (\$303,570), for the term of this Agreement.

(b) Payment for the proper performance of the Services shall be contingent upon receipt by the County of invoices for payment in accordance with the terms of this Agreement.

#### II. Project Fees

(a) The following chart outlines the costs for this project:

Personnel (Overtime): \$297,050

**Supplies: \$2,000** 

**Travel:** \$4,520

Total: \$303,570



COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 \* 628-2158
FAX: 313 \* 224 \* 0542
WWW.DETROITMI.GOV

June 10, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Request to Accept and Appropriate the FY 2019 Child Lead Exposure Elimination Innovation Grant

The Michigan Department of Health and Human Services has awarded the City of Detroit Health Department with the FY 2019 Child Lead Exposure Elimination Innovation Grant for a total of \$150,000.00. There is no match requirement. The grant period is June 1, 2019 through May 31, 2020.

The objective of the grant is to pilot an innovative model to eliminate exposure to lead and childhood lead poisoning. The funding allotted to the department will be utilized to administer lead screenings for children and to complete educational modules for children and parents. This is a reimbursement grant.

If approval is granted to accept and appropriate this funding, the appropriation number is 20665.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs

Director, Office of Development and Grants

CC:

Katerli Bounds, Deputy Director, Grants Sajjiah Parker, Assistant Director, Grants

This request has been approved by the Law Department This request has been approved by the Office of Budget



#### RESOLUTION

Council	Member		
	AND THE PERSON AS A PERSON AS		_

WHEREAS, the Detroit Health Department is requesting authorization to accept a grant of reimbursement from the Michigan Department of Health and Human Services, in the amount of \$150,000.00, to eliminate exposure to lead and childhood lead poisoning; and

WHEREAS, this request has been approved by the Law Department; and

WHEREAS, this request has been approved by the Office of Budget; now

THEREFORE, BE IT RESOLVED that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

BE IT FURTHER RESOLVED, that the Budget Director is authorized to establish Appropriation number 20665, in the amount of \$150,000.00, for the FY 2019 Child Lead Exposure Elimination Innovation Grant.

Agreement #: E20193412-00

Grant Agreement Between

Michigan Department of Health and Human Services
hereinafter referred to as the "Department"

and

Detroit Health Department
City Treasurer 1151 Taylor Ste 333-C
Detroit MI 48202 1732
Federal I.D.#: 38-6004606, DUNS#: 006530661
hereInafter referred to as the "Grantee"

for

Child Lead Exposure Elimination Innovation Grant - 2019
Part I

#### 1. Period of Agreement:

This agreement will commence on <u>June 1, 2019</u>, and continue through <u>May 31, 2020</u>. No service will be provided and no costs to the state will be incurred prior to <u>June 1, 2019</u> of the Agreement. Through the Agreement <u>June 1, 2019</u> shall be referred to as the begin date. This agreement is in full force and effect for the period specified.

#### 2. Program Budget and Agreement Amount:

#### A. Agreement Amount

The total amount of this agreement is \$150,000.00. The Department under the terms of this agreement will provide funding not to exceed \$150,000.00. The source of funding provided by the Department and approved indirect rate shall be followed as described in Attachment 1 of this agreement, which is part of this agreement through reference.

The grant agreement is designated as a:
Subrecipient relationship (federal funding); or
X Recipient (non-federal funding).

The grant agreement is designated as:
Research and development project; or
X Not a research and development project.

#### B. Equipment Purchases and Title

Any Grantee equipment purchases supported in whole or in part through this agreement must be listed in the supporting Equipment Inventory Schedule. Equipment means tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Title to items having a unit acquisition cost of less than \$5,000 shall vest with the Grantee upon acquisition. The Department reserves the right to retain or transfer the title to all Items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

#### C. Deviation Allowance

A deviation allowance modifying an established budget category by \$10,000 or 15%, whichever is greater, is permissible without prior written approval of the Department. Any modification or deviations in excess of this provision, including any adjustment to the total amount of this agreement, must be made in writing and executed by all parties to this agreement before the modifications can be implemented. This deviation allowance does not authorize new categories, subcontracts, equipment items or positions not shown in the attached Program Budget Summary and supporting detail schedules.

#### 3. Purpose:

The focus of the program is to pilot an innovative model for the elimination of exposure to lead and therefore the elimination of childhood lead poisoning.

#### 4. Statement of Work:

The Grantee agrees to undertake, perform and complete the services described in Attachment A, which is part of this agreement through reference.

#### 5. Financial Requirements:

The financial requirements shall be followed as described in Part II of this agreement and Attachments B, which are part of this agreement.

#### 6. Performance/Progress Report Requirements:

The progress reporting methods shall be followed as described in Part II and Attachment C, which are part of this agreement.

#### 7. General Provisions:

The Grantee agrees to comply with the General Provisions outlined in Part II, which are part of this agreement.

#### Attachment A - Statement of Work

Objective:

By May 31st, 2020 increase lead testing rate of children aged 2 and

younger by 20% among participating providers

Activity:

Obtain provider profile data to develop baseline rates and identify low

performing providers for targeting outreach and education

Responsible Staff:

DHD Program Analyst, MHP Provider Outreach Staff

Date Range:

06/03/2019 - 06/28/2019

**Expected Outcome:** 

Increased lead testing rates among children aged 0-2

Measurement:

Blood lead testing rates based on data provided by participating Medicaid Health Plans

**Activity:** 

Create provider dashboard template

Responsible Staff:

DHD Program Analyst, MHP Provider Outreach Staff, WCHAP

**Executive Director** 

Date Range:

06/03/2019 - 06/28/2019

**Expected Outcome:** 

Increased lead testing rates among children aged 0-2

Measurement:

Blood lead testing rates based on data provided by participating Medicaid Health Plans

**Activity:** 

Prepare and distribute initial and subsequent quarterly provider testing

dashboard

Responsible Staff:

DHD Program Analyst, MHP Provider Outreach Staff, WCHAP

**Executive Director** 

Date Range:

10/01/2019 - 05/29/2020

Expected Outcome:

Increased lead testing rates among children aged 0-2

Measurement:

Blood lead testing rates based on data provided by participating Medicaid Health Plans

Activity:

Hold monthly meetings to review progress towards goals and technical

support to providers

Responsible Staff:

DHD Program Analyst MHP Provider Outreach Staff

Date Range:

10/01/2019 - 05/29/2020

**Expected Outcome:** 

Increased lead testing rates among children aged 0-2

Measurement:

Blood lead testing rates based on data provided by participating

Medicald Health Plans

**Activity:** 

Conduct outreach to consistently low-performing providers and offer

technical assistance in setting up PDSA project

Responsible Staff:

WCHAP Executive Director DHD Program Analyst (support)

Date Range:

11/12/2019 - 05/29/2020

**Expected Outcome:** 

Increased lead testing rates among children aged 0-2

Measurement:

Blood lead testing rates based on data provided by participating

Medicald Health Plans

**Activity:** 

Develop and distribute Universal Testing campaign DHD Program Analyst, DHD Communications Director

Date Range:

08/01/2019 - 05/29/2020

**Expected Outcome:** 

Responsible Staff:

Increased lead testing rates among children aged 0-2

Measurement:

Blood lead testing rates based on data provided by participating Medicaid Health Plans

Objective:

Project SMART Objective 2: By May 31st, 2020, Increase the

percentage of venous confirmatory testing by 5% among participating

providers.

**Activity:** 

Obtain baseline data on venous confirmatory test rate from participating

providers

**Responsible Staff:** DHD Program Analyst Date Range: 06/03/2019 - 06/28/2019

Expected Outcome: Increased confirmatory venous testing rates among participating

providers

Measurement: Confirmatory venous testing rates based Medicaid health plan data

Activity: Initiate PDSA cycle to better understand root causes of low venous

testing rates

Responsible Staff: WCHAP Executive Director DHD Program Analyst (supporting)

**Date Range:** 09/02/2019 - 09/30/2019

Expected Outcome: Increased confirmatory venous testing rates among participating

providers

Measurement: Confirmatory venous testing rates based Medicaid health plan data

Activity: Track progress using monthly dashboards and monthly meetings to

review progress towards goals and technical support to providers

Responsible Staff: DHD Program Analyst, DHD Lead Intervention and Prevention

Manager

**Date Range:** 10/01/2019 - 05/29/2020

Expected Outcome: Increased confirmatory venous testing rates among participating

providers

Measurement: Confirmatory venous testing rates based Medicaid health plan data

Activity: Present barriers and solutions at Grand Rounds and CME events

Responsible Staff: WCHAP Executive Director Date Range: 01/01/2020 - 05/29/2020

Expected Outcome: Increased confirmatory venous testing rates among participating

providers

Measurement: Confirmatory venous testing rates based Medicaid health plan data

PROGRAM Child Lead Exposure Elimination Innovation Grant - 2019			DATE PREPARED 6/6/2019		
CONTRACTOR NAME Detroit Health Department			BUDGET PERIOD From : 6/1/2019 To : 5/31/2020		
MAILING ADDRESS (Number and Street) City Treasurer 1151 Taylor Ste 333-C		BUDGET AGREEMENT  Propriet Amendment  AMENDMENT #  O			
CITY STATE ZIP CODE Detroit MI 48202-1732		FEDERAL ID NUMBER 38-6004606			

	Category	Total	Amount	Cash	Inkind
DIR	ECT EXPENSES	4-14-			
Pro	gram Expenses				
1	Salary & Wages	0.00	0.00	0.00	0.00
2	Fringe Benefits	0.00	0.00	0.00	0.00
3	Travel	0.00	0.00	0.00	0.00
4	Supplies & Materials	0.00	0.00	0.00	0.00
5	Contractual	150,000.00	150,000.00	0.00	0.00
6	Equipment (unallowable in this RFP)	0.00	0.00	0.00	0.00
7	Other Expense	0.00	0.00	0.00	0.00
Tot	al Program Expenses	150,000.00	150,000.00	0.00	0.00
TO	TAL DIRECT EXPENSES	150,000.00	150,000.00	0.00	0.00
IND	IRECT EXPENSES				
Ind	irect Costs				
1	Indirect Costs	0.00	0.00	0.00	0.00
Tot	al Indirect Costs	0.00	0.00	0.00	0.00
TO	TAL INDIRECT EXPENSES	0.00	0.00	0.00	0.00
TO:	TAL EXPENDITURES	150,000.00	150,000.00	0.00	0.00

#### **SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections	0.00	0.00	0.00	0.00
	State Agreement	150,000.00	150,000.00	0.00	0.00
	Local	0.00	0.00	0.00	0.00
	Federal	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00
	Total Source of Funds	150,000.00	150,000.00	0.00	0.00
	Totals	150,000.00	150,000.00	0.00	0.00

B2 Attachment B2 - Program Budget - Cost Detail Schedule

	Line Item	Qty	Rate	Units	DOM	Total	Amount	Cash	Inkind
DIR	ECT EXPENSES								
Pro	gram Expenses								
1	Salary & Wages								
2	Fringe Benefits								
3	Travel								
4	Supplies & Materials								
5	Contractual								
	Subcontracting Agency-SEMHA Contact Details: SEMHA 3011 w . Grand Blvd. Ste 200, DETROIT,MI,48202, Phone: 3138736500	0.0000	0.000	0.000		150,000.0 0	150,000.00	0.00	0.00
6	Equipment (unallows	ble in this R	RFP)		_				
7	Other Expense			_	_			-	_
Tot	al Program Expenses					150,000.0	150,000.00	0.00	0.00
TO	TAL DIRECT EXPENSI	ES				150,000.0	150,000.00	0.00	0.00
IND	IRECT EXPENSES								
Ind	irect Costs								
1	Indirect Costs								
Tot	al Indirect Costs					0.00	0.00	0.00	0.00
TO	TAL INDIRECT EXPEN	ISES				0.00	0.00	0.00	0.00
TO'	TAL EXPENDITURES					150,000.0	150,000.00	0.00	0.00



COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
www.detroitmi.gov

June 10, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Request to Accept and Appropriate the FY 2019 Head Start Program Child Lead Exposure Elimination Innovation Grant

The Michigan Department of Health and Human Services has awarded the City of Detroit Health Department with the FY 2019 Head Start Program Child Lead Exposure Elimination Innovation Grant for a total of \$75,000.00. There is no match requirement. The grant period is June 1, 2019 through May 31, 2020.

The objective of the grant is to pilot an innovative model to eliminate childhood lead poisoning by introducing a more robust lead testing pilot project through the City of Detroit's Head Start Program. The funding allotted to the department will be utilized to administer lead screenings for children and to provide parents with the results and the information for venous blood lead testing, as well as treatment support, if needed. This is a reimbursement grant.

If approval is granted to accept and appropriate this funding, the appropriation number is 20664.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs

Director, Office of Development and Grants

CC:

Katerli Bounds, Deputy Director, Grants Sajjiah Parker, Assistant Director, Grants

This request has been approved by the Law Department This request has been approved by the Office of Budget



#### RESOLUTION

WHEREAS, the Detroit Health Department is requesting authorization to accept a grant of reimbursement from the Michigan Department of Health and Human Services, in the amount of \$75,000.00, to eliminate childhood lead poisoning by introducing a more robust lead testing pilot project through the City of Detroit's Head Start Program; and

WHEREAS, this request has been approved by the Law Department; and

WHEREAS, this request has been approved by the Office of Budget; now

THEREFORE, BE IT RESOLVED that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

**BE IT FURTHER RESOLVED,** that the Budget Director is authorized to establish Appropriation number 20664, in the amount of \$75,000.00, for the FY 2019 Head Start Program Child Lead Exposure Elimination Innovation Grant.

Agreement #: E20193413-00

# Grant Agreement Between Michigan Department of Health and Human Services hereinafter referred to as the "Department" and

Detroit Health Department
City Treasurer 1151 Taylor Ste 333-C
Detroit MI 48202 1732

Federal I.D.#: 38-6004606, DUNS#: 006530661 hereinafter referred to as the "Grantee"

for

Child Lead Exposure Elimination Innovation Grant - 2019
Part I

#### 1. Period of Agreement:

This agreement will commence on June 1, 2019, and continue through May 31, 2020. No service will be provided and no costs to the state will be incurred prior to June 1, 2019 of the Agreement. Through the Agreement June 1, 2019 shall be referred to as the begin date. This agreement is in full force and effect for the period specified.

#### 2. Program Budget and Agreement Amount:

#### A. Agreement Amount

The total amount of this agreement is \$75,000.00. The Department under the terms of this agreement will provide funding not to exceed \$75,000.00. The source of funding provided by the Department and approved indirect rate shall be followed as described in Attachment 1 of this agreement, which is part of this agreement through reference.

The grant agreement is designated as a:
Subrecipient relationship (federal funding); or
X Recipient (non-federal funding).

The grant agreement is designated as:
Research and development project; or
X Not a research and development project.

#### B. Equipment Purchases and Title

Any Grantee equipment purchases supported in whole or in part through this agreement must be listed in the supporting Equipment Inventory Schedule. Equipment means tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Title to items having a unit acquisition cost of less than \$5,000 shall vest with the Grantee upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

#### C. Deviation Allowance

A deviation allowance modifying an established budget category by \$10,000 or 15%, whichever is greater, is permissible without prior written approval of the Department. Any modification or deviations in excess of this provision, including any adjustment to the total amount of this agreement, must be made in writing and executed by all parties to this agreement before the modifications can be implemented. This deviation allowance does not authorize new categories, subcontracts, equipment items or positions not shown in the attached Program Budget Summary and supporting detail schedules.

#### 3. Purpose:

The focus of the program is to pilot an innovative model for the elimination of exposure to lead and therefore the elimination of childhood lead poisoning.

#### 4. Statement of Work:

The Grantee agrees to undertake, perform and complete the services described in Attachment A, which is part of this agreement through reference.

#### 5. Financial Requirements:

The financial requirements shall be followed as described in Part II of this agreement and Attachments B, which are part of this agreement.

#### 6. Performance/Progress Report Requirements:

The progress reporting methods shall be followed as described in Part II and Attachment C, which are part of this agreement.

#### 7. General Provisions:

The Grantee agrees to comply with the General Provisions outlined in Part II, which are part of this agreement.

Attachment 1

MICHGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES SCHEDULE OF FINANCIAL ASSISTANCE

# Detroit Health Department

Source of		Catalog of Fed	Catalog of Federal Domestic	Federa	Federal Award				
Funds		Assistan	Assistance (CFDA)						
Federal / State	Federal / State Federal Agency	Number	TIUN	Award Number Title	- THE	Federal Award Award Date	Award Date	Grant Phase	Amount
	Name					Identification			
						No.			
State General									75,000 00
Funds (01000)									
			Total Alfocation						75.000.00

The federal funding provided by the Department is \$0.00.

Attachment 1b - APPROVED INDIRECT RATE

APPROVED INDIRECT RATE (S)			
Rate Description	Indirect Rate %	Rate Base \$	Total Approved Indirect
Total Approved Indirect Costs			

#### A Attachment A - Statement of Work

Objective: By May 2020, increase lead screening rates among children enrolled in

Early Head Starts by 20%

Activity: Finalize implementation plan, procedures and pre-visit checklist

Responsible Staff: Program Manager
Date Range: 06/30/2019

Expected Outcome: Increased lead screening rates among children enrolled in Early Head

Starts

Measurement: Blood lead levels as defined by capillary blood lead test

Activity: Schedule first half of Early Head Start visits

Responsible Staff: Program Manager

Date Range: 06/01/2019 - 09/30/2019

Expected Outcome: Increased lead screening rates among children enrolled in Early Head

Starts

Measurement: Blood lead levels as defined by capillary blood lead test

Activity: Obtain number of children needing lead screenings from Early Head

Start prior to visit

Responsible Staff: Service Integration Specialists

Date Range: 06/01/2019 - 09/30/2019

Expected Outcome: Increased lead screening rates among children enrolled in Early Head

Starts

Measurement: Blood lead levels as defined by capillary blood lead test

Activity: Obtain signed consent forms for lead screenings prior to visit.

Reconcile missing information from parents prior to visit.

Responsible Staff: Service Integration Specialists

Date Range: 06/01/2019 - 04/30/2020

Expected Outcome: Increased lead screening rates among children enrolled in Early Head

Starts

Measurement: Blood lead levels as defined by capillary blood lead test

Activity: Administer lead screenings to children

Responsible Staff: Service Integration Specialists

Date Range: 07/01/2019 - 05/31/2020

Expected Outcome: Increased lead screening rates among children enrolled in Early Head

Starts

Measurement: Blood lead levels as defined by capillary blood lead test

Activity: Provide parents with results and information for venous blood lead

testing, if needed

Responsible Staff: Registered Nurse

Date Range: 07/01/2019 - 05/31/2020

Expected Outcome: Increased lead screening rates among children enrolled in Early Head

Starts

Measurement: Blood lead levels as defined by capillary blood lead test

Objective: By May 2020, 100% of families with children enrolled in Early Head

Starts receive education on preventing lead exposure

Activity: Complete educational modules for children and parents

Responsible Staff: Program Manager
Date Range: 06/30/2019

Expected Outcome: Families of children enrolled in Early Head Starts educated on

preventing lead exposure

Measurement: Number of families reached and educated through parent meetings

Activity: Finalize project overview and infographics to send home to parents

prior to early head start visits

Responsible Staff: Program Manager, Service Integration Specialists

Date Range: 07/31/2019

Expected Outcome: Families of children enrolled in Early Head Starts educated on

preventing lead exposure

Measurement: Number of families reached and educated through parent meetings

Activity: Attend early head start parent meetings to provide education on lead

prevention and available MCH services

Responsible Staff: Service Integration Specialists

Date Range: 06/01/2019 - 05/31/2020

Expected Outcome: Families of children enrolled in Early Head Starts educated on

preventing lead exposure

Measurement: Number of families reached and educated through parent meetings

Activity: Provide education to children prior to receiving services

Responsible Staff: Service Integration Specialists

Date Range: 06/01/2019 - 05/31/2020

Expected Outcome: Children enrolled in Early Head Starts educated on preventing lead

exposure

Measurement: Number of children reached through lead testing and education within

Early Head Start facilities

Activity: Assess parents and children for satisfaction of information provided

Responsible Staff: Service Integration Specialists

Date Range: 06/01/2019 - 05/31/2020

Expected Outcome: Children enrolled in Early Head Starts, and their parents, satisfied with

Information and education provided on preventing lead exposure

Measurement: Parent and children surveys and/or assessments

Objective: By May 2020, 100% of eligible families linked to case management and

lead abatement services.

Activity: Finalize referral system for warm hand off between Early Head Starts

and DHD

Responsible Staff: Program Manager, Coordinating Team, Service Integration Specialists

Date Range: 07/31/2019

Expected Outcome: Eligible families linked to case management and lead abatement

services

Measurement: Number of families that receive case management from DHD Lead

Advocates and/or Lead Nurse

Number of families receiving lead abatement services and/or families

that have filled out an application for lead abatement services

Activity: Provide referrals and resources to families at parent meetings

Responsible Staff: Service Integration Specialists

Date Range: 06/01/2019 - 05/31/2020

Expected Outcome: Eligible families linked to case management and lead abatement

services

Measurement: Number of families that receive case management from DHD Lead

Advocates and/or Lead Nurse

Number of families receiving lead abatement services and/or families

that have filled out an application for lead abatement services

Activity: Contact parents of children with EBL to provide lead nurse case

management visits

Responsible Staff: Registered Nurse

Date Range: 07/01/2019 - 05/31/2020

Expected Outcome: Eligible families linked to case management and lead abatement

services

Number of families that receive case management from DHD Lead Measurement:

Advocates and/or Lead Nurse

Contact provider of children identified with high EBL **Activity:** 

Registered Nurse Responsible Staff:

07/01/2019 - 05/31/2020 Date Range:

Children with elevated blood lead levels are connected with their **Expected Outcome:** 

provider to receive confirmatory venous test

Number of children receiving confirmatory venous testing from their Measurement:

provider

Conduct home visits including nutrition screening, home visual **Activity:** 

assessment and linkages to needed health and human services

Registered Nurse/Lead Advocate Responsible Staff:

07/01/2019 - 05/31/2020 Date Range:

Eligible families linked to case management and lead abatement **Expected Outcome:** 

services

Measurement: Number of families that receive case management from DHD Lead

Advocates and/or Lead Nurse

Number of families receiving lead abatement services and/or families that have filled out an application for lead abatement services

Coordinate lead inspection, relocation assistance, and abatement Activity:

services for eligible families

Lead Advocate Responsible Staff:

Date Range: 07/01/2019 - 05/31/2020

Eligible families linked to case management and lead abatement **Expected Outcome:** 

Number of families that receive case management from DHD Lead Measurement:

Advocates and/or Lead Nurse

Number of families receiving lead abatement services and/or families

that have filled out an application for lead abatement services

Provide venous testing **Activity:** 

Responsible Staff: **Phlebotomist** 

07/01/2019 - 05/31/2020 Date Range:

**Expected Outcome:** Children with elevated blood lead levels receive confirmatory venous

Measurement: Number of children receiving confirmatory venous testing either from

their provider or DHD phlebotomist

PROGRAM Child Lead Exposure Elimination Innovation Grant - 2019 CONTRACTOR NAME Detroit Health Department MAILING ADDRESS (Number and Street) City Treasurer 1151 Taylor Ste 333-C			DATE PREPARED 6/6/2019  BUDGET PERIOD From: 6/1/2019 To: 5/31/2020  BUDGET AGREEMENT  FOriginal Amendment  AMENDMENT #								
						CITY	STATE	ZIP CODE	FEDERAL ID NUMBER		
						Detroit		48202-1732	38-8004606		

	Category	Total	Amount	Cash	Inkind
DIR	ECT EXPENSES				
Pro	gram Expenses				
1	Salary & Wages	0.00	0.00	0.00	0,00
2	Fringe Benefits	0.00	0.00	0.00	0.00
3	Travel	0.00	0,00	0.00	0.00
4	Supplies & Materials	0.00	0.00	0.00	0.00
5	Contractual	75,000.00	75,000.00	0.00	0.00
6	Equipment (unallowable in this RFP)	0.00	0.00	0.00	0.00
7	Other Expense	0.00	0.00	0.00	0.00
Total Program Expenses		75,000.00	75,000.00	0.00	0.00
TOTAL DIRECT EXPENSES		75,000.00	75,000.00	0.00	0.00
IND	IRECT EXPENSES				
Indi	rect Costs				
1 Indirect Costs		0.00	0.00	0.00	0.00
Total Indirect Costs		0.00	0.00	0.00	0.00
TOT	AL INDIRECT EXPENSES	0.00	0.00	0.00	0.00
TOT	AL EXPENDITURES	75,000.00	75,000.00	0.00	0.00

#### SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections	0.00	0.00	0.00	0.00
	State Agreement	75,000.00	75,000.00	0.00	0.00
	Local	0.00	0.00	0.00	0.00
	Federal	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00
	Total Source of Funds	75,000.00	75,000.00	0.00	0.00
	Totals	75,000.00	75,000.00	0.00	0.00

B2 Attachment B2 - Program Budget - Cost Detail Schedule

	Line Item	Qty	Rate	Units	MOU	Total	Amount	Cash	Inkind
DIR	ECT EXPENSES								
Pro	gram Expenses								
1	Salary & Wages								
2	Fringe Benefits								
3	Travel								
4	Supplies & Materials								
5	Contractual								
	Subcontracting Agency-SEMHA Contact Details: SEMHA 3011 w . Grand Blvd. Ste 200, DETROIT,MI,48202, Phone: 3138764820	0.0000	0.000	0.000		75,000.00	75,000.00	0.00	0.00
6	Equipment (unallows	ble in this R	(FP)						
7	Other Expense								
Tot	al Program Expenses					75,000.00	75,000.00	0.00	0.00
TO	TAL DIRECT EXPENSE	ES				75,000.00	75,000.00	0.00	0.00
INC	IRECT EXPENSES								
Ind	Irect Costs								
1	Indirect Costs								
Tot	tal Indirect Costs					0.00	0.00	0.00	0.00
TO	TAL INDIRECT EXPEN	SES				0.00	0.00	0.00	0.00
TO	TAL EXPENDITURES					75,000.00	75,000.00	0.00	0.00



COLEMAN A. YOUNG MUNICIPAL CENTER

2 WOODWARD AVENUE, SUITE 1026

DETROIT, MICHIGAN 48226

PHONE: 313 • 628-2158

FAX: 313 • 224 • 0542

WWW.DETROITMI.GOV

June 12, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Authorization to submit a grant application to the MDHHS Office of Local Health Services for the Local Health Opioid Response grant, and to accept and appropriate the grant if awarded

The Detroit Health Department is hereby requesting authorization from Detroit City Council to submit a grant application to the MDHHS Office of Local Health Services for the Local Health Opioid Response grant. The amount being sought is \$28,000.00. The State share is 100 percent or \$28,000.00 of the approved amount. There is no required match. The total project cost is \$28,000.00.

The Local Health Opioid Response grant will enable the department to:

 Increase the number of pharmacies registered under the MDHHS standing order to distribute Naloxone, and conduct a continuing education event to train pharmacists on opioid misuse and Naloxone administration

If approval is granted to accept and appropriate this funding, in the case of award, the appropriation number will be 20667. We anticipate the grant period will be less than 12 months. If awarded, this will be a reimbursement grant.

We respectfully request your approval to submit the grant application, and to accept and appropriate funding if awarded, by adopting the attached resolution.

Sincerely,

Ryan Friedrichs

Director, Office of Development and Grants

CC:

Katerli Bounds, Deputy Director, Grants Sajjiah Parker, Assistant Director, Grants

This Request has been approved by the Office of Budget.

7177 CLERK 2019 JUN 20 PM 144



### RESOLUTION

Council Me	mber			

WHEREAS, the Detroit Health Department has requested authorization from City Council to submit a grant application to the MDHHS Office of Local Health Services, for the Local Health Opioid Response grant, in the amount of \$28,000.00, to increase the number of pharmacies registered to distribute Naloxone an conduct a continuing education event for pharmacists; and

WHEREAS, there is no City match requirement for the Local Health Opioid Response grant; and

WHEREAS, the Detroit Health Department is requesting authorization if awarded to accept a grant of reimbursement from MDHHS Office of Local Health Services, in the amount of \$28,000.00, to increase the number of pharmacies registered to distribute Naloxone an conduct a continuing education event for pharmacists; and

WHEREAS, this request has been approved by the Office of Budget; now

**THEREFORE BE IT RESOLVED**, the Detroit Health Department is hereby authorized to submit a grant application to the MDHHS Office of Local Health Services, for the Local Health Opioid Response grant, and

**BE IT FURTHER RESOLVED**, that if awarded the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

**BE IT FURTHER RESOLVED**, that if awarded the Budget Director is authorized to establish Appropriation number 20667, in the amount of \$28,000.00, for the Local Health Opioid Response grant.



COLLMAN A YOUNG MUNICIPAL CENTER 2 WOODWARD AVENUE, SUITE 1026 DCTROIT, MICHIGAN 48226 PHONE 313 \* 628-2158 Fax 313 • 224 • 0542 WWW DETROITMEGOV

### Grant Application Request Form (GARF)

In order to secure the Office of Development and Grants (ODG) approval required under Section 18-4-2 of the Detroit City Charter, this form is to be filled out by City Departments as soon as possible upon learning of an opportunity that the Department would like to pursue. This form must be signed and submitted not later than 20 business days prior to the application deadline.

Please submit this form to the following ODG staff: Sajjiah Parker, Assistant Director, parkersa@detroitmi.gov and Greg Andrews, Program Analyst IV, andrewsgr@detroitmi.gov

City Department	Health		
Date	6/12/19		
Department Contact Name	Adaora Ezike		
Department Contact Phone	313 400 3008		
Department Contact Email	ezikea@detroitmi gov		
Grant Opportunity Title	Local Health Opiold Response		
Grant Opportunity Funding Agency	MDHHS Office of Local Health Services		
Web Link to Opportunity Information	N/A - Opportunity shared via email to DHD Health Office?		
Award Amount (that Department will apply for)	\$28 000		
Application Due Date	6/14/19		
Anticipated Proposed Budget Amount	\$28 000		
City Match Contribution Amount	\$0		
Source of City Match (include Appropriation Number, Cost Center, and Object Code)	N/A		
List of programs/services/activities to be funded and the Budget for each Sample: - ABC Afterschool program: \$150,000 - XYZ Youth leadership program: \$100,000 - Salary/Benefits: \$95,000 - Supplies: \$5,000	Continuing Education event for pharmacists practicing in Detroit: \$8,000  Academic detailing to register 100 Detroit pharmacies to dispense Naloxone under the MDHHS Standing Order: \$20,000		
Brief Statement of Priorities/Purpose for the Application Somple: To support expansion of promising youth development programs in MNO neighborhood.	We submit this proposal in response to an offer from MDHHS to provide additional funds to expand work being done under an existing grant. The requested funds will increase the number of pharmacies registered under the MDHHS standing order to distribute na oxone. We will conduct a continue education event to train pharmacists on opioid misuse and Naloxone administration.		
Key Performance Indicators to be Used to Measure the Programs/Services/Activitles Sample: # of kids newly enrolled in ABC and XYZ % of kids from ABC who demonstrate improved educational performance	- # of pharmacies registered under the MDHHS standing order for Naloxone distribution - # of pharmacists attending the CE event - Increased understanding of opioid misuse and Naloxone administration measured by a survey		

David Yeh

Director's Name (Please Print)

Director's Signature

6/12/19



## **MEMORANDUM**

TO: Ron Brundidge, Department of Public Works

FROM: Hon. Scott Benson, City Council District 3

CC: Stephanie Washington, Mayor's Office

VIA: Hon. Brenda Jones, City Council President

DATE: 27 June 2019

RE: SAINT AUBIN STREET – ILLEGAL DUMPING

Our office has received a complaint regarding illegal dumping that has been regularly occurring at 17161 Saint Aubin Street. Please investigate this property for remediation.

If you have any questions do not hesitate to call my office at, 313-224-1198.

# (88)

### **MEMORANDUM**

TO: David Bell, BSEED

FROM: Hon. Scott Benson, City Council District 3

CC: Brian Farkas, BSEED

Stephanie Washington, Mayor's Office

VIA: Hon. Brenda Jones, City Council President

DATE: 27 June 2019

**RE:** SAINT AUBIN STREET – VACANT PROPERTIES

Our office has received a complaint regarding several vacant properties which are open to trespass on Saint Aubin Street. The street addresses for the various properties are as follows:

17161

17165

17171

17190

17167

17260

17202

17214

It has been reported that once the properties are boarded up they are vandalized and re-exposed for trespass. Please provide a response detailing whether or not the above mentioned properties have been scheduled for investigation and/or demolition.

If you have any questions do not hesitate to call my office at, 313-224-1198.

# <u>MEMORANDUM</u>



TO:

Mr. Ron Brundidge

Director of the Department of Public Works

Boise Jackson

Chief Procurement Officer

THROUGH:

Scott Benson, Council Member

City of Detroit

FROM:

Roy McCalister, Jr., Council Member

City of Detroit

DATE:

June 27, 2019

RE:

# Contract #6002055 Guard Rails and Posts

1. Can you described the proposed guard rails that will be purchased through this contract?

2. Are the guard rails "77X-lite or X-lite" guard rails?

- 3. Are you aware of the pending law suits relative to this type of guard rail and the potential for injury or death during collisions, because of the potential to spear vehicles?
- 4. Can you identify other potential guard rails which can be installed by DPW in lieu of the potentially deadly ones as described above?
- 5. If you have the time, can you review the recent story regarding the dangerous guard rails within the attached story concerning the potential danger?

Roy McCalister, Jr. Detroit City Council CC:

Council President Brenda Jones
President Pro Tem Mary Sheffield
Council Member Janee' Ayers
Council Member Gabe Leland
Council Member Andre Spivey
Council Member James Tate
Council Member Scott Benson
Council Member Pagual Contantal

Council Member Raquel Contaneda-Lopez'

City Clerk

Gail Fulton, Mayor's Office

# DEFENDERS [HTTPS://WWW.CLICKONDETROIT.COM/DEFENDERS]

# Metro Detroit freeway guardrails linked to driver injuries, deaths in other states

Three lawsuits filed about X-Lite guardrails

By Karen Drew [https://www.clickondetroit.com/author/karendrew] - Reporter/Anchor, Derick Hutchinson [https://www.clickondetroit.com/author/dhutchinson]

Posted: 11:24 PM, June 24, 2019 Updated: 8:08 AM, June 25, 2019

**DETROIT** - As the summer travel season begins in Metro Detroit, there's a growing concern among drivers about a potentially deadly hazard on the roads.

Three lawsuits have been filed claiming a certain type of guardrail can spear into vehicles on impact, causing injury and maybe even death.

 There are 77 X-Lite guardrails in total along the I-275 corridor between I-96, I-696 and Five Mile Road.

The Local 4 Defenders did some digging and discovered the X-Lite guardrails in question are being used in Michigan. The majority of them are found in Metro Detroit.

One incident involved a former Detroit school teacher who died when his car hit an X-Lite guardrail.

William Byrd, 69, was headed to a funeral and driving through Chattanooga, Tennessee, in his SUV when it veered off the road and crashed into an X-Lite guardrail.

"All I see is metal going straight out the back of my dad's vehicle," his son, Malcolm Byrd, said.
"They told me my dad was dead on arrival."

Malcolm Byrd isn't the only family member mourning the death of a loved one killed after hitting an X-Lite guardrail.

Gonzalo Martinez, 23, was driving with his brother in Southern California when he swerved off the freeway and wiped out 60 feet of guardrail posts before stopping. Martinez wasn't wearing his seat belt, officials said.

"It was a bad accident," his father, Sergia Martinez, said.

Investigation photos show a guardrail pierced Martinez's windshield, ripping out the headrest of the driver's seat, and came out the back window.

According to California Highway Patrol officials, the guardrail was an X-Lite end terminal made by Lindsay Transportation Solutions.

The X-Lite guardrail was linked to another crash in Tennessee, involving 17-year-old Hannah Eimers.

Eimers' car went off the road and collided with an X-Lite guardrail.

"A guardrail pierced her car and she was killed instantly," her father, Steve Eimers, said.

When a car hits a guardrail, the end terminal, or cap, is supposed to act like an accordion and absorb the car's impact. Video obtained from the Federal Highway Administration shows safety test footage of a vehicle crashing into a Lindsay X-Lite guardrail and what is supposed to happen during a collision.

Investigator photos show something else happened in the crashes involving Byrd, Martinez and Eimers.

The Local 4 Defenders contacted Lindsay Transportation Solutions.

"The X-Lite guardrail end terminal successfully passed crash and safety tests in accordance with Federal Highway Administration standards," a company statement said, in part. "No guardrail and terminal system can prevent every tragedy."

"I think it should be addressed," Malcolm Byrd said.

The Byrd lawsuit states," (The) X-Lite end terminal and rail system failed to perform its intended safety function ... 60 feet of guardrail pierced through the vehicle, where Wilbert Byrd was sitting, violently striking Byrd and causing him to suffer fatal injuries."

The Local 4 Defenders obtained records from the Michigan Department of Transportation (MDOT) showing there are 90 X-Lite terminals statewide, the majority of which are in Metro Detroit.

According to state records, there are 77 in total along the I-275 corridor between I-96, I-696 and Five Mile Road.

"So we're talking about less than .4% of our total inventory consists of the X-Lite guard ending," said MDOT development director Brad Wieferich.

The Defenders also obtained an MDOT document dated in February 2018 stating that effective immediately and until further notice, damaged X-Lite guardrail terminals must not be replaced with another X-Lite guardrail terminal.

"If that is MDOT's ruling, then why not just get rid of the 90 X-Lite terminals we have now that are mostly here along I-275?" Defender Karen Drew asked. "Why take the chance?"

"MDOT is in the process right now of reviewing the performance of our X-Lites," Wieferich said. "We understand that other states have had issues. We're being very cautious of this. We are, but we need to complete our review to make sure we know what our next move is."

As the state remains cautious, Malcolm Byrd said every driver needs to be cautious, as well.

"All I can say is I wouldn't wish what I'm going through right now on my worst enemy," he said.

There are many pieces to the investigation. You can view the lawsuits filed against Lindsay Transportation Solutions, a list of other companies named, documents obtained from MDOT and a map of the location of Michigan's X-Lite guardrails below.

Lindsay Transportation Solutions released a statement just before this story aired Monday night:

"The Federal Highway Administration (FHWA) has examined and re-examined the X-Lite and its in-service performance and has gathered input from state departments of transportation across the country. In FHWA's evaluations, the X-Lite has performed consistently with other end terminals on U.S. roads and highways."

Lindsay Transportation Solutions shared a link to a 2017 memorandum from the Federal Highway Administration. Click here to view it

[https://safety.fhwa.dot.gov/roadway\_dept/countermeasures/reduce\_crash\_severity/policy\_mem-

Lindsay Transportation Solutions also shared this report titled "Safety Analysis of Extruding W-Beam Guardrail Terminal Crashes" -- view here [https://www.fhwa.dot.gov/guardrailsafety/safetyanalysis/].

# More information

- Byrd case information [https://www.cohenmilstein.com/search? search\_api\_views\_fulltext=Malcolm+Byrd]
- Eimers case information [https://www.cohenmilstein.com/search? search\_api\_views\_fulltext=MHANNAH+EIMER]
- X-Lite fast facts [https://xlitefacts.com/]
- Guardrail resources and in-service performance evaluation
   [https://safety.fhwa.dot.gov/roadway\_dept/countermeasures/reduce\_crash\_severity/guardrail\_isp
   Here's a breakdown of all the X-Lite guardrails in the state:

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# **MEMORANDUM**



TO:

Ms. Saskia Thompson **Executive Director** 

**Detroit Land Bank Authority** 

City of Detroit

Mr. David Whitaker

Director

Legislative Policy Division

FROM:

Roy McCalister, Jr., Councilman

City of Detroit

DATE:

June 27, 2019

RE:

Questions regarding Ownership of Joe Louis Arena Parking garage

1- Please provide the name of the owner of the JLA Parking Garage.

2- Please provide a detailed timeline for the revitalization of the JLA garage

- 3- Please provide the name of the governing body for the JLA garage upon completion of revitalization. Specifically, who will oversee the operation, who will staff and who will be allowed to park at the garage?
- 4- Is the JLA garage still attached to the Bankruptcy exit plan?
- 5- If so, how is it tied in?
- 6- What is the future for the JLA garage?

Sincerely,

Roy McCalister, Jr. **Detroit City Council** CC:

City Clerk

Stephanie Washington, Mayor's Office

STITY OLERA 2019 5UN 27 PALIS